POINT OF DISPENSING GUIDE

STATE OF NEW HAMPSHIRE

Department of Safety

Bureau of Emergency Management

Department of Health and Human Services
Division of Public Health Services

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State of New Hampshire

Department of Health and Human Services,
Division of Public Health Services
&
Department of Safety
Bureau of Emergency Management

Point of Dispensing (POD) Site Guide

May 8, 2006

Foreword

The Point of Dispensing (POD) Site Guide is a cumulative work of many individuals at the federal, state and local level, to assist regional planners.

This document is written with references to administering smallpox vaccination, Hepatitis A immune globulin, flu pandemic vaccination and anthrax prophylaxis to some or all of the state population. The main body of this guide is a general manual for mass prophylaxis that can be applied to a variety of public health situations. Because specific diseases may require disease specific adjustments of the generic clinic model, an appendix will be provided for each of the most common diseases that may involve mass prophylaxis.

Introduction

This guidance document is intended to support state, regional and community planners at any stage of mass medication dispensing, or mass vaccination planning. This document is an appendix to the state's broader Public Health Emergency Preparedness Plan (PHEP) and is a work in progress that will continue to be revised over time, as planning needs dictate.

Because each regional planner has unique considerations while planning for Point of Dispensing (POD) operations and may be at varying stages of planning, this guide is provided as a supportive tool.

It is expected that as this guide is used that it will be customized for local/regional needs. Changes may be made to fit the needs of the local POD. Similar plans across New Hampshire will facilitate mutual aid for staffing and logistical support such as shared facilities.

Beginning with Section 1 this is written as a guide and the local/regional planner can edit the plan according to their needs. All macros and formatting styles have been removed to facilitate editing. Page numbering begins on the table of contents page so that the cover and introduction page can be safely deleted.

This guide will be published as multiple Microsoft Word documents to facilitate editing and as an Adobe Acrobat file for ease in printing.

Purpose

Points of Dispensing (POD) sites to administer vaccine or dispense antibiotics are likely to be part of the response to infectious disease outbreaks of any magnitude. These incidents can range from a single case of Hepatitis A in a food handler that requires Hepatitis Immune Globulin to be administered to thousands of people within a few days, to cases of meningitis in a school where mass dispensing of medication on short notice is needed, to an influenza pandemic or bioterrorist event involving thousands of people or even the entire population. As all public health is local (i.e. impact at the community level), the response to public health emergencies will need to be mobilized within communities with state assistance.

The main body of this guide is a general manual for community based mass prophylaxis in response to a public health emergency. Because specific diseases may require disease specific adjustments of the POD model, an appendix or other references will be provided for some of the most common diseases that may involve mass prophylaxis.

Our experience as a state has involved the set up of several emergency-dispensing sites due to public health events that required collaborative statewide planning and action. These events include "pre-event" smallpox vaccination of medical personnel at six sites in 2002 and three large-scale mass prophylaxis clinics from 2003-2005. During the winter of 2003 an outbreak of three epidemiologically linked cases of meningitis in the Monadnock Regional High School resulted in medication being dispensed to approximately 1,000 students and teachers at four locations simultaneously. These experiences emphasized the need for security, supply management, communications, robust staffing patterns and advanced planning. The meningitis prevention clinic was planned over a two-day period that ran concurrently with the Christmas 2003 holiday. Challenges included obtaining essential supplies, as medication arrived just before

the start of the clinic. Not having enough medical staff to efficiently move people through the medical screening process was another difficulty that resulted in long lines of people waiting for hours to be screened. Following this experience, we re-designed our clinic models to include additional staff (made possible by local staff provided through community partnerships), a stronger security presence, advanced procurement of supplies and enhanced communications systems.

Our next large-scale clinic experience as a State Health Department was with a Hepatitis A Immune Globulin (IG) clinic held in the Town of Derry in February 2004. Building on the lessons of the Keene experience, Department of Health and Human Services (DHHS) and Department of Safety (DOS) teamed with local community emergency response partners, followed the ICS structure and successfully immunized 2,500 people over a day and a half.

The 2004/2005 flu season's vaccine shortage presented many statewide challenges as open public clinics were cancelled during the early part of the season and replaced by appointment-based clinics targeting those most at risk from influenza. Several communities held large-scale clinics, with perhaps the largest conducted by Cheshire Medical Center. 2,100 people were vaccinated during an eight-hour clinic, including entry of patient data into a computerized data base for each person vaccinated. All 2,100 had made an appointment through a community screening hotline, with local physicians making referrals based on the criteria for high-risk. Dartmouth Medical Center and the Hanover POD emergency response team held a similar large-scale clinic during the 2003/2004 flu seasons and vaccinated 1,700 people who were initially screened and scheduled through a phone bank. This clinic also exercised the Incident Command Structure for that region.

These real mass prophylaxis challenges have provided New Hampshire with an opportunity to learn valuable lessons. The lessons include the importance of effective planning, communication and state/local coordination. Given these experiences and the likelihood that other mass prophylaxis events will occur, it is evident that emergency clinic planning is a necessary activity that will serve the public health needs of our citizens. This guide is developed to support community planning and can be used for training as well as hands on guidance as clinics are mobilized. Our hope is that this guide will support the work being done at the community level as local planners shift to an all hazards approach to public health response planning.

With ongoing training and consultation provided by the Department of Health and Human Services (DHHS) and Department of Safety (DOS) every community should have a written plan and be prepared to implement Point of Dispensing Sites (PODs) for the residents in their jurisdiction. In a declared emergency, DHHS, working through DOS, Bureau of Emergency Management (BEM), will respond to identified local needs for vaccine/medication and medical supplies and will arrange for their distribution to the community PODS. However, we ask that communities identify local resources until such time as additional medical supplies can be delivered. It should also be noted that a POD at the community level might be needed to respond to a public health event that is not an officially declared emergency.

This document provides guidance to help your community plan its POD. It is a dynamic document and will be updated as new information becomes available, as drills and exercises are reviewed, and as best practices are identified.

The objectives for the Point of Dispensing Sites are:

1. To be set up within 1 day of notification (if needed, depending on the event);

2. To provide initial vaccination/prophylaxis for the affected population;

3. To be sufficiently flexible to adjust to the scope of the event.

While most events requiring the implementation of a Point of Dispensing (POD) will be relatively controlled and localized, a worst-case scenario may require the ability to administer vaccine or dispense medication to 80% of the identified target population (often a subgroup of the whole population) in the jurisdiction within a few days; and then for the remaining 20% of the target population over the next few days. An example of this is when an outbreak of Hepatitis A occurs, and preventive measures such as administering Hepatitis A Immune Globulin (IG) are preventive only if given within 14 days after exposure to the disease. It is important to note that the POD response time and target numbers needed are specific to the particular event. Appendix 8 includes guidance regarding event types and response time needed. Community planning should prepare for the "worst case scenario" but respond based on the actual event requirements. Depending upon the extent of the event and the geographic distribution of their population, communities will develop:

- One POD,
- Multiple Point of Dispensing Sites, or
- Regional POD in collaboration with neighboring communities.

Every region must have a plan to provide mass prophylaxis or vaccination to its residents. Communities within defined regions should work together on one plan to share resources and identify sites in order to enhance efficiencies. Each regional plan may differ as to whether communities will utilize staging areas, how communities will transport people to the POD, and how communities will notify their residents to report to the POD. The operational organization of sites should be consistent across a community or region to allow for the ready exchange of staff and clarity of roles from one site to another during a widespread event.

The Cities Readiness Initiative (CRI)

In New Hampshire, the Cities Readiness Initiative (CRI) affects only residents of Rockingham and Strafford Counties.

The CRI is a pilot-dispensing model proposed by the Centers for Disease Control and Prevention (CDC). This pilot program is intended to develop best practices to achieve a maximum treatment throughput. Under this pilot project, participating cities (Boston in Massachusetts and the two NH aforementioned counties) will plan for their entire population over approximately 24 hours. Participating cities in the CRI pilot project have been challenged with developing an ambitious dispensing plan in which the initial 24 hours calls for ramping-up of multiple dispensing sites. In the subsequent 24-hour period all residents of the participating cities would receive antibiotics dispensed via Points of Dispensing (POD) and other innovative methodology yet to be determined.

The CRI will not affect the dispensing objectives described in this guidance. Cities and towns in Boston, MA and the two NH counties are being asked to develop dispensing plans to meet the following benchmarks:

- Administer vaccine and/or dispense oral antibiotics to approximately 80% of the population within 2 days from when the POD is open and operational and,

- Administer vaccine and/or dispense oral antibiotics to the remaining 20% of the population within the first three days from when the POD opens and is operational to the general population. This remaining 20% of the population may include those ambulatory individuals who have not received medication within the first two days as well as special populations who may have cognitive, demographic and/or physical limitations which prohibit their attending a POD and therefore will need to receive vaccine or antibiotics by an outreach program described in each plan.

Section 1: Command and Management

For purposes of this guide, it is understood that a public health emergency or event has been confirmed, the State and impacted Local Emergency Operations Centers (EOC's) opened, the agent and affected population identified, and the recommendation made to open Point of Dispensing (POD) Sites as part of a regional plan to begin mass prophylaxis or vaccination. It should be noted that a formal "declared emergency" may not apply to all public health events that would involve a POD.

The POD will operate under the Incident Command System (ICS) that is compliant with the National Incident Management System (NIMS), in accordance with existing state and local emergency operation plans. (See Appendix 12 for ICS chart and roles for mass clinic operations.) The decision to open a POD would initially rely on state and local resources. It would not involve federal resources such as the Strategic national Stockpile **unless the event fits the established criteria for requesting SNS.** A description of the SNS criteria and proceedure is available on E-studio or through the Bureau of Emergency Management. Once the decision to open aPOD has been made, the local Emergency Management Director will work with an Point of Dispensing Site Coordinator who will serve as the Incident Commander for the clinic. They will coordinate with the Emergency Support Function (ESF) 8, Health and Medical of the local EOC. The local EOC will report to the state EOC. All relevant information and decision-making should pass through the local EOC to ensure coordination of all emergency operations.

Incident Command

The *Point ofy Dispensing Site Coordinator* will serve as the Incident Commander at the POD and is responsible for the command and management activities of the mass clinic. (In some situations this role can be shared between two people.) This person will manage and control the total operation of the POD. The Point of Dispensing Site Coordinaotr ensures that the POD functions at the highest level of efficiency possible with the available staff and supplies. The Point of Dispensing Site Coordinator directly oversees the operations, logistics, planning, and administration by working closely with the section chiefs and coordinators for all shifts. The POD Coordinaotr will coordinate with the local EOC, for information and requests.

Each POD site will have a POD Site Coordinator who is responsible for overall POD operation, is the primary decision maker for the site, and who supervises all functional coordinators. Depending on the size of the event, the POD Coordinator will communicate directly with the Emergency Planner at the Emergency Operation Center (EOC) or the local health officer. For most POD sites, the EDS Coordinator will have similar functions to an Incident Commander. It is important to maintain assigned reporting and supervision functions in order to avoid having too many people reporting to the POD Coordinator and other coordinators. An ideal number of direct reports is five, and a maximum is seven.

It is important to clarify that an overall "Incident Commander" may be distinct from a POD Coordinator. The local fire chief would not be expected to be making medical decisions about treatment or staffing and running the POD Site, although command meetings would be essential to maintaining overall incident command. The Incident Commander for the Hepatitis A prevention EDS held in Derry was the fire chief of the local community. Within the POD there was a Medical Director and an POD Coordinator. See the Job Action Sheets in Appendix 13 for detailed descriptions of these roles.

The POD Coordinator/EDS planning team should recruit additional site coordinators who will take responsibility for various dispensing site functions. These include:

- Health & Safety Officer
- Public Information Officer
- Liaison Officer
- Operations Coordinator (Medical Coordinator)
- Planning Coordinator
- Logistics Coordinator
- Administration and Finance Coordinator

The roles of each of the coordinators are described below. One individual may be assigned to more than one function in small-scale clinics. When multiple communities (e.g. a local health coalition or public health network) and/or agencies come together, a written ICS Plan should be developed, reviewed, and formally adopted by all agencies to assure clear command structure during an event.

While a unified command structure is possible, it most likely will not be necessary, as each of these operations will be relatively small in scope. The POD Coordinator has two assistants: a Public Information Officer (PIO) and a Safety Officer. The PIO will be the spokesperson for the Site to any external contact (e.g. media, general public). If necessary, the PIO can also serve as Liaison Officer (LO), based upon local needs. At larger Sites, it may be necessary to have a separate Liaison Officer. The LO is assigned to the incident to be the contact for assisting and/or cooperating with Agency Representatives. The Safety Officer is responsible for the general physical safety of both staff and public within the POD.

The descriptions below are provided as samples. Sample job action sheets are provided in Appendix 13. The scope and resources of each POD will dictate how these roles expand or contract. See diagram at the end of this section for a sample ICS command & management structure for POD site operations.

Safety

The *Health and Safety Officer* is responsible for ensuring the POD is free from health and safety hazards before, during and after operations. The Health and Safety Officer will collaborate with the other section chiefs regarding the resolution of any safety issue. If resources allow, consider staffing each POD with two EMT/paramedics to deal with the sick and injured. If the sick or injured require transport to a treatment center, the local EOC will be contacted for assistance. The *Safety Officer* will also be responsible for managing appropriate infection control measures (see *in Appendix **5***) to prevent transmission to staff and close household contacts. (See Appendix 6 for a list of emergency clinic procedures.)

Public Information

The clinic *Public Information Officer* (PIO) will establish and maintain a relationship with the local Emergency Operations Center (EOC) to provide and receive information. The clinic PIO will be the representative to the State's Joint Information Center (JIC), if opened. The clinic PIO will coordinate media activities and information releases with the local EOC and JPIC. Information will be exchanged between the clinic PIO and the JPIC for possible distribution to appropriate groups or organizations.

Public information will ideally be managed through the EOC. If necessary, a room may be designated within the clinic for holding press conferences and briefings with the media and dignitaries that may arrive on-site (including but not limited to elected officials). The PIO will be responsible for managing the press/media/VIP room within the clinic. This room would be used to hold on-site press conferences (if necessary) and to hold VIP briefings. The state JPIC will provide sample media releases and assure through communication that local messages are up to date and accurate based on the state's information. (See Appendix 7 for more guidance on public outreach.)

Liaison Officer

The *Liaison Officer* is the point of contact for representatives of other governmental agencies, non-governmental organizations, and/or private entities reporting to the mass clinic for assignment. In either an Incident or Unified Command structure, representatives from assisting or cooperating agencies and organizations coordinate through the Liaison Officer.

Operations

The Operations Section Chief (OSC) reports directly to the POD Coordinator. The OSC has the largest scope of responsibility: ensuring the receipt of prophylaxis. The Operations section has four branches:

a. Patient Flow
b. Patient Care
c. Transport
d. Security

Planning

Planning may need to be seperated from Finance/Administration depending on the size of the POD. Planning would include the following specific functions:

a. Gathering and analyzing information – prior to and during POD operations
b. Managing the planning process
c. Compiling the POD plan
d. Developing plans for demobilization as the POD prepares to close

It should be noted that much of the work of the Planning Coordinator (PC) is done prior to the actual set-up of the POD, and this planning would involve a wide spectrum of stakeholers many months in advance on an event.

Logistics

The Logistics Section Chief(LSC) reports directly to the POD Coordinator. In addition, the LSC works closely with the Ops Chief to ensure that all necessary support is available for the proper and efficient operation of the POD. Log may have two branches:

i. Service, and
ii. Support.

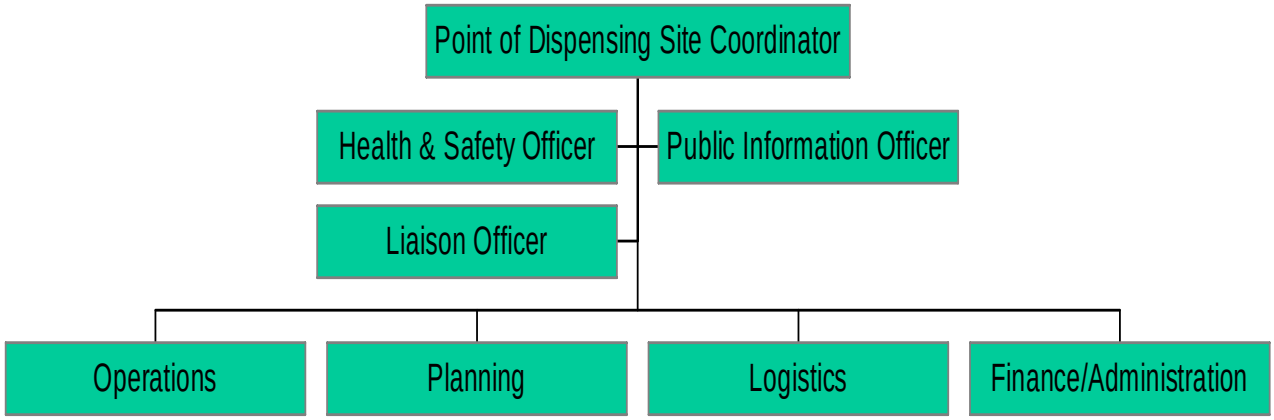
The efforts of the two branch coordinators are headed by a branch director, and each branch consists of several groups. In the case of smaller PODs, all groups may report to the Logistics Section Chief.

Finance & Administration

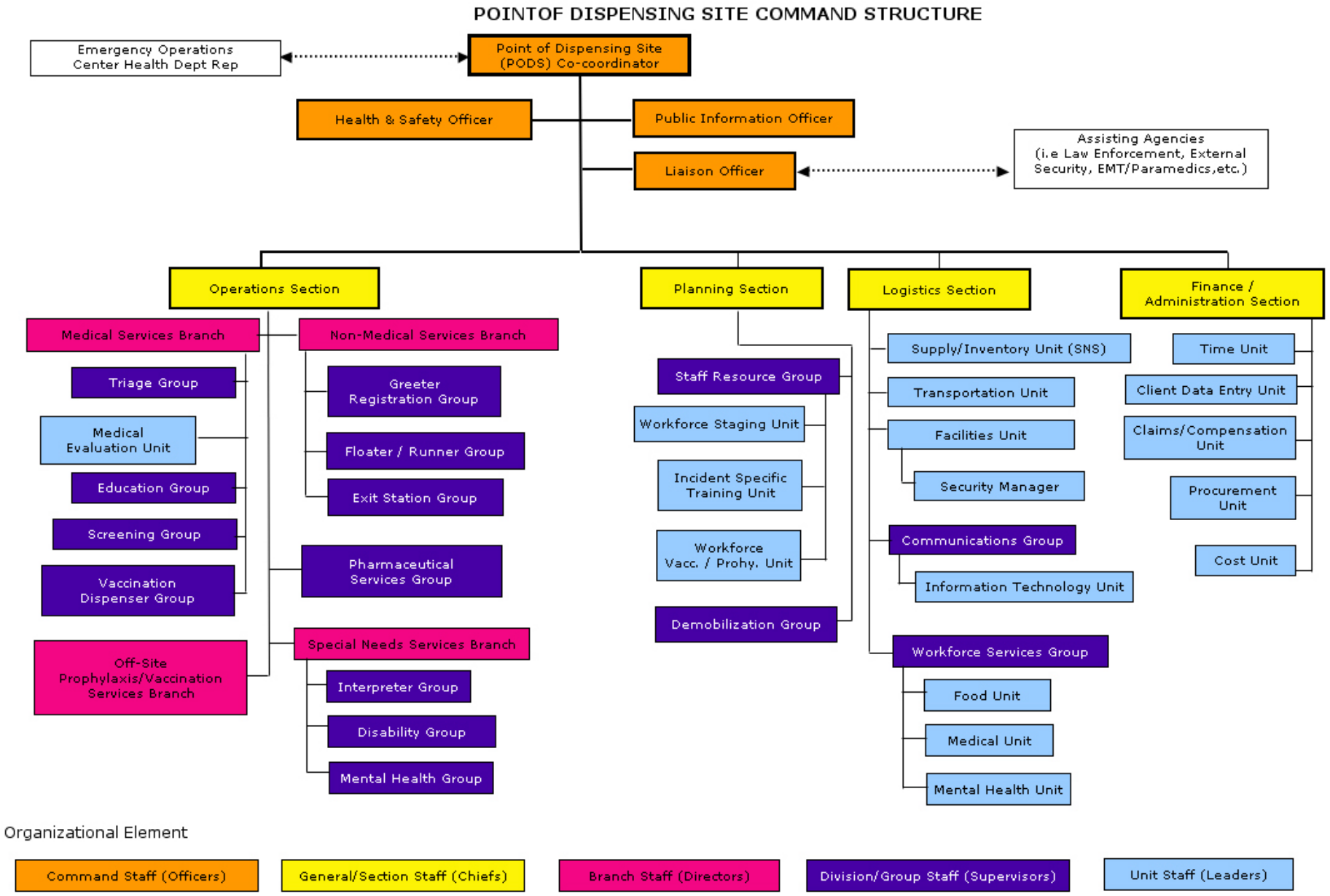
The Finance and Administration Section Chief is responsible for documenting costs. In the situation of a declared emergency, federal funds will be made available to reimburse costs. In smaller POD operations, it is feasible to combine the Planning and Finance/Administration roles and to have one individual serve in more than one role in "Planning, Finance & Administration (PF&A)." Within PF&A, there are three components: Data, Time and Procurement. The Data Unit traditionally falls under the Planning Section, while Time and Procurement are elements of the Finance & Administration Section.

Point of Dispensing Site Command & Management Structure

The attached chart provides a visual description of the Incident Command Structure as applied to the Point of Dispensing Site. Job Action Sheets are included for each function in Appendix 13. Additional functions are described in detail in the Operations section of this guide as well as in Appendix 13.



A more detailed chart describing specific functions for POD command and organization is presented on the next page. Most PODs will require consideration of these roles, however smaller PODs can combine roles and thus need less people to fulfill each defined role.


POINTOF DISPENSING SITE COMMAND STRUCTURE
Emergency Operations Center Health Dept Rep
Point of Dispensing Site (PODS) Co-coordinator
Health & Safety Officer
Public Information Officer
Liaison Officer
Assisting Agencies (i.e Law Enforcement, External Security, EMT/Paramedics,etc.)
Operations Section
Planning Section
Logistics Section
Finance / Administration Section
Medical Services Branch
Triage Group
Medical Evaluation Unit
Education Group
Screening Group
Vaccination Dispenser Group
Off-Site Prophylaxis/Vaccination Services Branch
Non-Medical Services Branch
Greeter Registration Group
Floater / Runner Group
Exit Station Group
Pharmaceutical Services Group
Special Needs Services Branch
Interpreter Group
Disability Group
Mental Health Group
Staff Resource Group
Workforce Staging Unit
Incident Specific Training Unit
Workforce Vacc. / Prohy. Unit
Demobilization Group
Supply/Inventory Unit (SNS)
Transportation Unit
Facilities Unit
Security Manager
Communications Group
Information Technology Unit
Workforce Services Group
Food Unit
Medical Unit
Mental Health Unit
Time Unit
Client Data Entry Unit
Claims/Compensation Unit
Procurement Unit
Cost Unit
Organizational Element
Command Staff (Officers)
General/Section Staff (Chiefs)
Branch Staff (Directors)
Division/Group Staff (Supervisors)
Unit Staff (Leaders)

Section 2: Operations

The following paragraphs describe the operation of a medium to large Point of Dispensing (POD). Depending on POD size and location, the functions and routing procedures remain can be adapted as needed. Staffing needs will vary depending on dispensing site size, and in a small dispensing site situation some roles can be consolidated or eliminated. However, it is always essential to maintain clear roles, responsibilities and command structure. Clinic operations using the Incident Command System (ICS) approach, along with specific staffing titles and roles, are provided in Appendix 12. Job Action Sheets for each staff position are provided in Appendix 13.

Appendices describing added considerations for disease specific dispensing sites are provided at the end of this guide. These appendices as designed to compliment this main body of POD operations information. Additional disease specific appendices will be made available as they are developed.

The plan should include operations to support either mass dispensing or mass vaccination clinics. There are six key stages to the process:

1. Triage (Medical Services Branch)

2. Greeting/Registration (Non-Medical Services Branch)

3. Education (Medical Services Branch)

4. Screening and Counseling (Medical Services Branch)

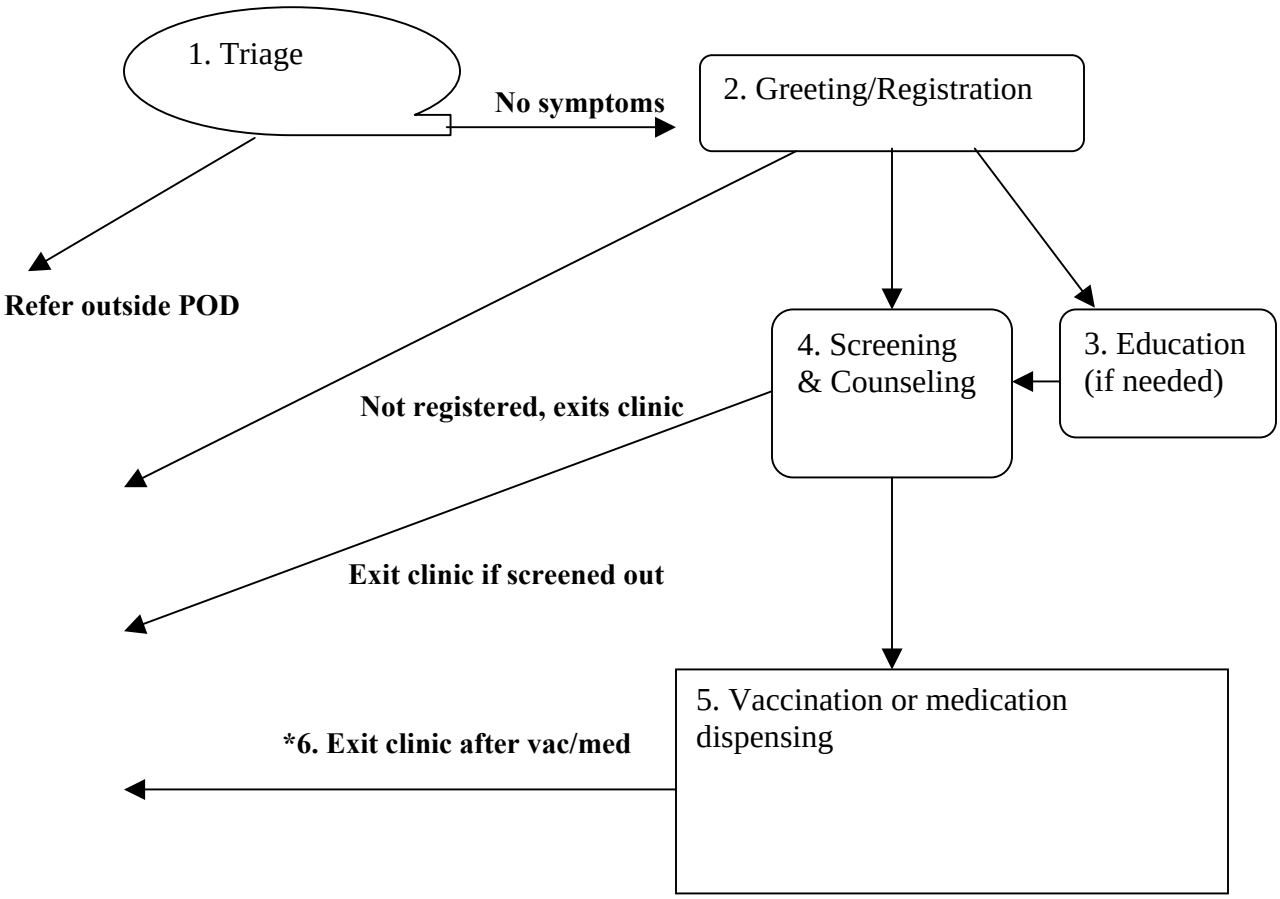
5. Dispensing or Vaccination (Medical Services Branch)

6. Checkout (Non-Medical Services Branch)

The process can be collapsed or expanded as necessary to increase or decrease the flow of people through the mass clinic. Plans must be flexible to accommodate unanticipated contingencies.

A basic flow diagram for these functions is shown on the next page.

Basic POD Flow Chart



*6. Checkout may or may not be needed depending on the vaccine or medication dispensed.

The chart above represents a basic clinic model. A more complex flow chart is included at the end of this section. The descriptions that follow describe how the various functions would be distinct and separate stations within the POD. This separation of function supported by different stations would be needed if the size of the POD is substantial.

Triage

When dealing with a communicable disease or public health emergency, potential recipients should be triaged at the point of entry to the dispensing site or at the transportation staging area. As recipients approach the staging area or the dispensing site, security personnel handling outside traffic flow and parking should route them to the triage area. Triage by an EMT or clinician should occur at this point.

- Recipients who have been exposed to the agent or to cases should be escorted to a separate room/area for interviewing and possible transportation to a quarantine facility.
- RN, MD, Registered Nurse Practitioner, or Physician's Assistant will perform a basic health exam on the symptomatic clients and determine whether they need transport to a treatment facility.
- Volunteer personnel (such as EMTs) will transport clients via ambulance or bus to the treatment facility.
- Distressed individuals should be referred to the Disaster Behavioral Health staff.
- Non-English speaking recipients should be assigned a translator.
- Recipients who may have difficulty following directions or who have mobility limitations should be assigned an escort (a greeter/floater or, if needed, behavioral health staff).
- Utilize signs and volunteers to direct clients to next station
- If symptomatic, consider disease control and surveillance for Contact/Household Member Evaluation

Greeting/Registration

As clients are entering the clinic building, clients who have not been redirected by triage are given forms and information sheets. Some POD plans may opt to do the triage prior to entry into the clinic (such as if bussing is used, triage could be done with people before boarding the bus). Others may opt to do triage as the first step within the clinic. That will also be the point at which all clients are registered and given a client ID that will be used to track their progress through the clinic. Staff serving in this station will need to:

- Post signs directing people to registration area.
- Facilitate and route initial client flow.
- Calm clients and talk with them.
- Identify possible special needs.
- Sign-in clients.
- Hand out general information sheets (supplementing, or substituting for counseling and briefing if the dispensing clinic lines are too long).

- If mass vaccination clinic, hand out vaccine information statements (VIS).

- Utilize signs and volunteers to direct clients to next station

Name, address, phone, and health history information must be obtained during registration. Barriers to overcome include: language, visual impairments, hearing impairments, illiteracy, as well as undocumented individuals who are fearful that providing personal information may lead to arrest or deportation. Additionally, a family member picking up medications for other family members may not have all the information needed to accurately prescribe for each member (e.g., a child's weight). Sample registration forms are included in the disease specific appendixes.

Education

Following registration, clients are directed to a location where the greeter/educator briefs a group of up to 30. The briefing includes:

- Description of the dispensing site process.

- Discussion of all required forms and instructions and assistance as needed in completing the paperwork.

- Written information about the disease, agent and vaccine/medication, and a toll-free 24/7 telephone number to call with questions.

- Opportunity to ask questions.

- If available and appropriate, an informational video may be shown. (In an emergency, state supplied videos may be provided to television/cable channels.)

The number of persons in the orientation briefings can vary to accommodate the rate at which people arrive. Multiple educator/greeter locations may be necessary. Orientation locations can also serve as holding locations if bottlenecks occur along the dispensing site line. This method will ensure a steady flow of vaccine or medication recipients to the next step.

- Run multiple sessions of approximately 20-25 clients per group, preferably in areas off main vaccination clinic to control clinic noise. A video orientation could also be run in a loop along various points in the queue.

- Staff will facilitate and route clinic flow.

- Direct clients to the next station, or route some to triage or counseling as necessary.

Screening

- Following group education, or if a group screening/orientation is not used, individuals will proceed to the screening area with completed screening forms. These forms will be reviewed with staff, and are intended to identify contra-indications or family members with contraindications.

- Staff reviews the screening form with each client.

If client answers positively to any of the listed contraindications for themselves or a family member, they will proceed to the counseling station.

If there are no identified contraindications, the client will sign applicable consent forms and proceed to the dispensing or vaccination station.

Medical Counseling

Two to four stations will be available to offer private counseling for clients with certain conditions (contraindications) or special needs.

Dispensing or Vaccination

After the medical screening, recipients with no medical contraindications are directed to the Vaccination/Medication Dispensing area. Emergency supplies to treat anaphylactic reactions must be available at the Vaccination/Medication Dispensing station. These treatments for anaphylaxis are to be provided by the community or communities within a regional coalition hosting the POD.

For Vaccination:

- Clients sign consent forms. Include Investigational New Drug [IND] forms if necessary. IND forms and process will be provided by NH DHHS if applicable.

- Create separate lines for: the elderly, disabled and others who may not be able to stand for long periods of time; people with children (correct pediatric dosing takes longer than adult dosing).

- Screens should be available to afford privacy to persons who need to remove clothing in order to expose the vaccination site. A vaccination assistant may help vaccine recipients expose their upper arm and cleanse the vaccination site if necessary. The vaccine recipient then proceeds to the vaccine administrator who administers the vaccine and completes the necessary documentation. Immediately thereafter, a vaccination assistant applies a band-aid to the vaccination site (optional) and instructs the vaccine recipient on post-vaccination care of the vaccination site.

- Clients will have an opportunity to ask remaining questions.

- They will be asked to sign a "consent roster" indicating they have watched the video and had all questions answered.

- If a client refuses to be vaccinated, they will sign a "refusal roster" indicating they have watched the video and had their questions answered and are refusing the vaccine at this time. If they are a contact to a case, they are to be instructed on appropriate quarantine measures, symptoms to monitor for and appropriate contact information.

- Record those who received vaccination on hard copy for real-time or later entry into a database. Pre-fill data if systems and data are available.

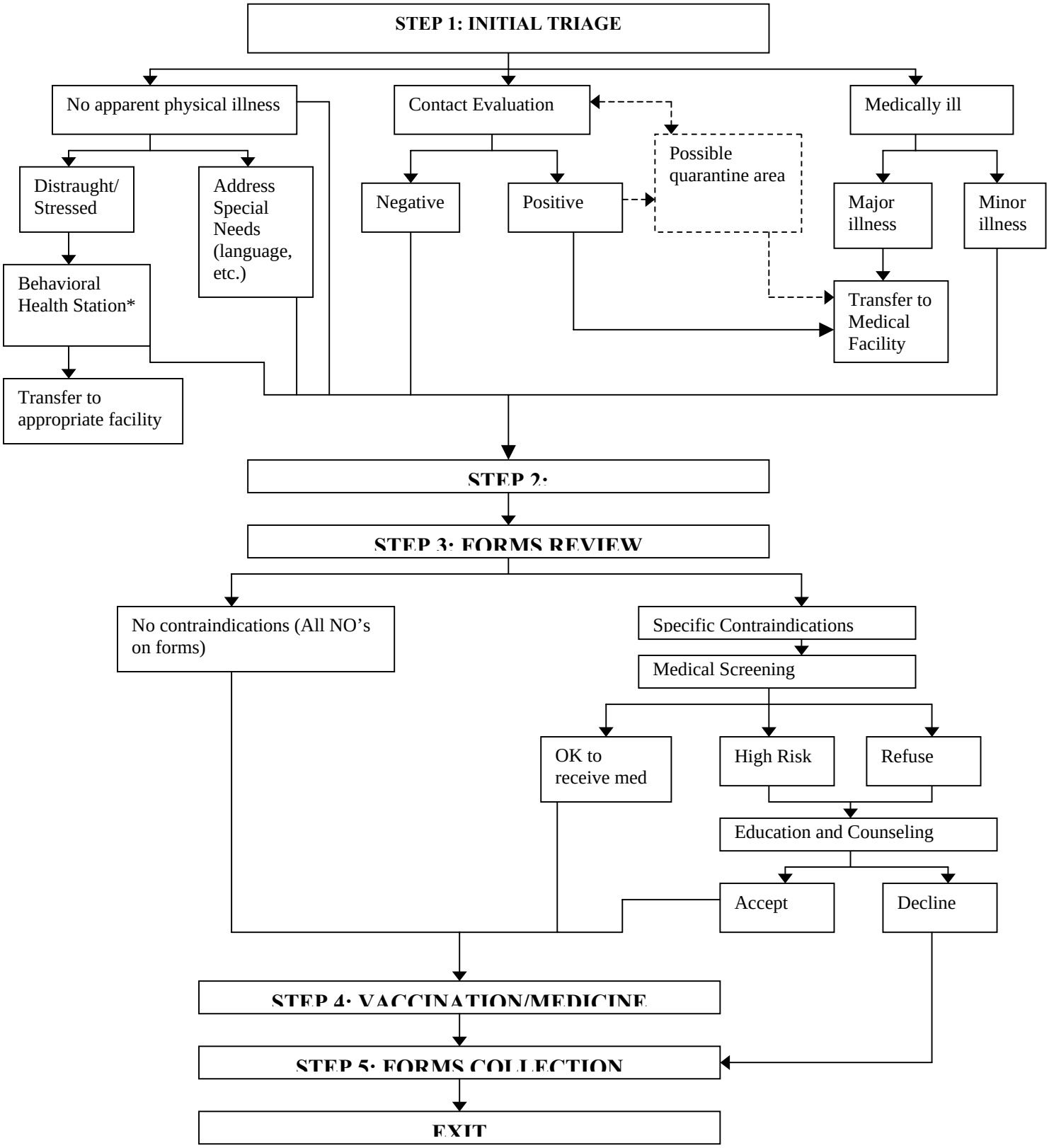
For Medication Dispensing:

- Have a pharmacist or MD preside over dispensing operation for medications. The recipient is given a supply of the appropriate medications based on the medical screening, and when possible, takes the first dose of the medication at the dispensing station.
- Establish a record/log of those who received medication.
- Develop a contingency plan for people who pick up prophylaxis for family members.
- Utilize volunteer clinic staff to direct flow facilitation and routing.
- Utilize signs and volunteers to direct clients to next station.

Checkout

- Clients receiving their medication or vaccination will proceed to the checkout station. Staff will provide information and documentation to assist the client in managing their treatment beyond the clinic. In some situations, vaccinees may be asked to remain at the clinic for a designated period of time or to view an exit video. See disease specific appendices for identification of applicable situations.
- Answer final client questions. Consult with medical staff as necessary.
- Review all documentation. Stamp forms or recipient's hand if necessary.
- Make sure clients have all necessary forms and instructions.
- Utilize signs and volunteers to direct clients to clinic exit.
- If no checkout is needed, clients will be directed to the facility exit.

The POD flow chart that follows provides a sample of a generic POD. This flow chart is a more complex model of the basic POD design previously shown.



Other Operations Considerations

Personal Protective Equipment

Depending on the type of public health event and disease threat, clinic volunteers may need to be provided with protection from exposure at the mass clinic. The type of protection needed depends on the specific disease. Specific guidance will be provided with each event. (See Appendix 5 for general infection control measures.)

Clinic Site Layout and Flow

Clinic sites should have clearly marked entrance and exit points with adequate waiting space for groups of people seeking vaccination/medication. Security staff should be posted at both locations to maintain order. Traffic flow within the dispensing site should be controlled and should follow a logical path from entry into the dispensing site to exit from the dispensing site. A linear path of traffic flow from entry to exit on opposite sides of the facility is optimal. Easy-to-read signs should be provided to guide people through the dispensing site process.

Ideally, greeters and registration staff should be located in a separate room from the vaccination/medication dispensing station. Assign numbers to people once they complete their registration/screening so that they can be called in numerical order to the next available vaccination/medication station.

It is likely that the registration and medical screening processes will be the most time-consuming dispensing site activity. Sufficient staff should be assigned to move clients through these areas quickly to keep a steady flow of persons to the vaccination areas. Plans should include the capability of opening additional stations if necessary.

Foot traffic in the area where vaccine or medication is being administered should be kept to minimum. Ideally, the vaccine or medication administration tables should be set up so that the staff has their backs to the wall and patients are not congregating or walking behind them.

The three steps of the actual vaccination process (vaccination site preparation, vaccination, and dressing application) will all take place in a relatively small space (one or two tables) in the same area. Since some vaccine recipients may need to remove shirts or blouses to be vaccinated, separate, screened privacy areas should be available out of view of other persons lined up for vaccination.

The medical emergency area should be located as close to the vaccine administration area as possible.

Documentation and Paperwork

If computer resources and standardized systems for data entry are available, data should be entered on each recipient into the data system in real time during registration and at appropriate points throughout the dispensing site process. In the ideal scenario, all person specific documents will be printed on-site for each vaccine recipient. However, paper copies of all documents must be available in sufficient quantities so that dispensing site operations can continue if the computer system fails or is not available. Whether during the dispensing site or later at an alternate location, electronic entry of critical data may be necessary.

Certain administrative documents and worksheets will be required to assist in dispensing site management and keeping track of the vaccine. These documents will be provided by NH DHHS.

Security

This area is addressed in detail in the Command and Management section. These additional points are offered in this section for consideration when assessing security needs.

In an event involving bioterrorism or a naturally occurring large-scale infectious disease, the level of threat perceived by the public, whether real or imagined, may be extreme. In these circumstances, local public health officials should be prepared for a high level of demand for vaccine/medication.

With a significant level of anxiety among the public, the public health system may quickly lose the capacity to identify and limit vaccine/medication to individuals who meet the criteria for exposure and consequent vaccination. Vaccination sites might become quickly known, and areas around these sites may experience traffic gridlock, thereby limiting admittance to and egress from the dispensing site for staff (including those delivering supplies and vaccine/medication) as well as individuals in critical need of vaccine or medication.

Based on lessons learned through NH DHHS sponsored public clinics, local communities are advised to plan for security, traffic control and crowd management for even moderately challenging public health clinic situations that are not a declared emergency. In extreme cases, state and local health authorities may find it necessary to request the assistance of state and local law enforcement agencies for traffic and crowd control near mass clinics, to support logistical and dispensing site supply needs, and/or to impose geographic quarantines around outbreak areas. If it becomes necessary, the Governor may order the National Guard to assist in traffic and/or crowd control. The ability of law enforcement and the military to supply security for a public health response may be limited by the demands of their duties as defined by emergency response plans.

Security must be provided throughout the length of the emergency, including when the site is not operational (i.e. during the night when restocking is occurring). It is preferable to scale back security staffing once real needs on site are assessed during the clinic than to have to mobilize security after a security problem has emerged.

Transportation

Depending on circumstances, four populations may require transportation assistance:

- Dispensing site staff,
- Persons exposed to known cases and other high-risk individuals, and
- The general public (e.g. persons with low or unknown risk of exposure).
- Special consideration should be given if transportation of special populations becomes necessary [e.g. children, the elderly, homeless persons, remote populations, and disabled (including homebound) persons].

Although transportation of mass clinic site staff can be handled with multiple vehicles or rented vans, special security arrangements may be required. The ability to communicate with drivers via radio or cell phones is critical.

Vaccine/Medication Storage and Handling

Guidelines for the handling and storage of vaccine/medication used in PODs will be provided with each shipment of vaccine/medication and will be made available by NH DHHS. In situations where the state is providing vaccine or medication, DHHS/DOS will arrange for secure drop of off the vaccine/medication. The POD will need to have an identified person to receive the vaccine or medication. Cold storage of vaccine on-site must be provided. The package insert should be consulted for optimal storage criteria. If the POD lasts for more than one day, arrangements must be made to store the vaccine/medication in a secure location at the required temperatures. Vaccine/medication usage should be monitored closely, and arrangements should be made to obtain additional vaccine/medication if needed. In addition, unused vaccine will need to be managed for eventual return to the state or transfer to another location. Advanced and/or on-site storage and handling orientation should be arranged for each shift of staff involved in these functions.

Pharmacy Staging Area

This staging area will work as an on-site pharmacy, and be managed by a licensed pharmacist or an MD. The pharmacist will coordinate the availability of all pharmaceuticals, vaccine and medical supplies during operation of the clinic.

Disposal of Needles and Medical Waste

All POD vaccination operations should observe standard precautions for preventing blood exposures and blood borne pathogen transmission. Observe the following guidelines for appropriate disposal of needles after use.

- Medical waste sharps containers should be available in the area where the needles are used.
- Needles should be deposited into a sharps container immediately after use.
- Arrangements should be in place for transport and destruction of filled sharps containers.
- Medical waste, including gauze or cotton used during administration of vaccine, other potentially contaminated material, and empty vaccine vials should be bagged in appropriately marked biohazard bags and incinerated or autoclaved on-site, if possible.

Vaccine/Medication Securities and Tracking

Since the supply of vaccine/medication may be limited and the demand may be extremely high, care must be taken to protect the vaccine/medication supply from theft and fraud. Every dose and vial must be accounted for before and after each clinic site session.

If a state supplied vaccine/medication computerized tracking system is not used or not available, the number of doses administered/dispensed must be manually tallied each day using the paper copies of the administration forms of persons receiving vaccine/medication.

The Daily Tracking Record also requires entry of the following additional information:

- Beginning inventory balance (i.e. the number of vials/bottles and doses from the previous day).
- Vials/bottles and doses received (i.e. the number of new vials/bottles and doses received during the day at the clinic site).
- Total doses administered by age and lot number (brought forward electronically or manually from the administration forms).
- Ending inventory (i.e. vials/bottles and doses at the end of the day).

The number of unused doses will be determined automatically if a data system is being used. If paper forms are used, the number of doses to be returned or disposed of must be calculated and entered manually.

Labeling

Medications must be labeled to comply with State and (FDA) Food and Drug Administration regulations. Labels should be prepared ahead of time, and available in multiple languages if feasible. The CDC provides this information on its CD-ROM (available from the state SNS Coordinator). Minimum information should include, but is not limited to:

- Lot number (preprinted on SNS unit of use bottles)
- Drug name, strength, and quantity (preprinted on SNS unit of use bottles)
- Directions for use (preprinted on SNS unit of use bottles)
- Name/address of dispensing location
- Name of prescribing provider
- Date
- 24 hour telephone number
- Prescription number
- Client name
- Initials of dispenser

When creating a label in a foreign language, the English version of the label will have to be edited; print two labels (one in English, one in the other language) on Avery 5395 name badge labels or an equivalent. It will hold all the required information in English.

The English label is placed on the front of a bag/container and will contain the FDA required information. Labels in other languages contain instructions for taking the drug and precautions for using it.

- Foreign labels cannot be edited.

- Unit dose bottles provided from the Strategic National Stockpile only require prescribing agency, provider, and 24-hour telephone number for questions.

- As an alternative to having a printer and computer at each mass clinic, the local planner may wish to establish a contingency contract with a large photocopy firm to store the contents of the CD-ROM, the name/address/phone/health history (NAPH) form, and other event-related forms. During an emergency, the firm could replicate needed labels/forms and deliver them to the mass clinic site.

Re-packaging

Pharmaceuticals from the Strategic National Stockpile will be repackaged at the Receipt, Store and Stage (RSS) warehouse and delivered to the mass clinic as necessary. Repackaging of oral medication may be required when using pharmaceuticals from the Metropolitan Medical Response System (MMRS) Cities supply, the Interim Pharmaceutical Stockpile or from the U.S. Postal Service cache. Local planners with access to the supply should develop repackaging plans in coordination with the supply owner.

Special Needs Services

The mass clinic must be able to provide additional assistance to special needs populations able to access the clinic. The required services are dependent upon the unique needs and demographics of the targeted patient base.

Linguistically and Culturally Competent Clinic Services

Availability of services to address language, cultural or religious barriers to care will reduce bottlenecks within the clinic. Language Line, a service that offers language translation by phone is available by calling 1-800-752-0093 or on-line at: info@languageline.com or: http://www.Languageline.com. Users should set up an account (allow 24-48 hours for this).

Interpreters available to the health department or other city/county agencies and organizations (human services, hospitals, clinics) should be available to assist at the clinic. Interpreters should have completed a "resume" in which they indicated their demographic information, experience and qualifications, and hours of availability.

Educational materials should be developed in the languages of the representative community populations, including English and Spanish. Interpreters will be contracted to develop the materials needed in languages as the situation dictates.

Interpreters for the deaf should also be available. Several websites send out weekly (and in emergencies, daily) newsletters to the deaf community who own computers to notify them of important information. These websites would be useful in notifying the deaf and hard of hearing of clinics to be held. Additionally, it is preferable to utilize television over newspaper to publish the availability of such clinics.

Develop materials for low-literacy populations. Assume handouts and forms will challenge a percentage of client population (English speaking or other) and thus place a premium on opportunities for verbal explanations.

Handicap Accessibility

The facility must be Americans with Disabilities Act (ADA) compliant and accessible to all clients. Some clients may require assistance as they proceed through the clinic.

Behavioral Health Services

Behavioral health services should be available for both patients and volunteers. Specific services that should be available include grief counseling and critical incident stress debriefing. This assistance should be coordinated through the EOC.

Off-Site Prophylaxis/Vaccination Services

This plan must protect those who may not be able to access the mass clinic due to physical or other limitations. Treatment must be made available to nursing home and long-term care facility residents, inmates of the correctional system (jails, prisons, juvenile detention centers), clients in hospitals (for reasons not related to the terrorist threat), the homeless, and any other homebound individuals. Local planning should include a taskforce of various professions and plan for who will go out to pre-determined sites to provide care. This activity may occur simultaneous to the operation of the POD (if resources allow).

Priority Prophylaxis/Vaccination

First responders, volunteers and staff essential to the opening and initial operation of the POD should receive immediate prophylaxis or vaccination. A priority list for target populations has been recommended in the CDC Flu Pandemic Plan. However it is anticipated that some discretion for prioritization will remain at the state level and that this will be partially driven by the data available regarding best options for containing the emerging threat. (See Appendix 13 for more guidelines on prioritizing).

Supplies Checklist

See Appendix 9 for supplies checklist.

Post-POD Activities (Recovery)

Post POD activities are necessary to ensure that the event is documented for the public record, to determine the cost of the operation and to enhance efficiency for future efforts. A copy of a written evaluation of each mass clinic site should be sent to the designated State administrator and should include:

a. Review of expenditures and in-kind costs incurred during the operation.

b. Identification of gaps and problems based on staff debriefings and benchmarks reached.

c. Recommended changes in emergency response plans.

d. Description of implications for the public health infrastructure.

Section 3: Planning

Statewide Point of Dispensing Site (POD) facilities were selected based on a recommended set of criteria. Each POD is estimated to provide care to a pre-determined number of people based on the goal of dispensing pills or vaccine to the entire regional population within a pre-determined number of days. To successfully serve the entire region, all PODs will need to work together to manage contingencies caused by shifts in population, availability of staff and variations in resource allocation. Planning is based on a set of commonly accepted estimates, census information and experience from previous exercises. (See Appendix 8 for this information and a list of regional dispensing sites.)

Planning to Plan

It is essential to begin the planning process well in advance of any actual emergency or event. Point of Dispensing (POD) planners are building on the work of regional teams that engaged in smallpox vaccination planning previously. The focus has broadened to include an "all hazards" approach, with local and state planners working towards readiness for any public health emergency event. Within this Point of Dispensing (POD) Guide it is important to distinguish between planning that needs to occur before and actual POD is needed and the planning function within the POD during a response to a public health emergency.

Planning will need to identify and organize in advance the staffing needed for a POD. However, during the actual emergency Logistics will be responsible for the call up of staffing resources.

Establish the Planning Team

It is important that planning teams be inclusive. The team should include members of the community who represent public health, behavioral health (mental health, substance abuse, social service), public safety, EMS, emergency management, the medical community (include pharmacists, veterinarians), schools, and colleges and universities should be represented along with others (local business, local volunteer/civic groups) who may contribute to the planning process.

Memorandums of Agreement (MOA)

It is preferred that planners develop, sign, and review memorandums of agreement with all agencies/facilities/companies that will play a role in the emergency. See Appendix 11 for sample MOA.

Develop Point of Dispensing Plan

Point of Dispensing plans should include special populations, including elders, those with disabilities, those with serious mental illness, minority populations, non-English speaking populations, and children including those in private schools. Utilize agencies and groups who work with these special populations in the planning process.

Plans are developed for the state SNS to provide direct deliveries to long term care facilities, prisons and jails, and hospitals. These facilities will be responsible for providing vaccine/prophylaxis to their employees and residents/inmates/patients. Community Point of

Dispensing (POD) planning groups should contact these facilities in their communities or regional coalition areas to ensure that plans are in place and are consistent with the local/regional plan for PODs.

Additionally, local regional planners should communicate with colleges and universities as well as military bases and any other special residential facilities/institutions to determine the need to include students, faculty and military families in their POD plan.

Dispensing Teams

Consider having POD teams that can travel to different sites. POD teams to provide medications/vaccinations may include staff from community institutions, visiting nurse associations (VNAs), etc. This would be most appropriate in emergencies that are not statewide.

Staff Resources

Workforce Staging Area

This area will receive all staff and volunteers, including those requested and those that arrive on-scene. They will issue all job assignments and coordinate all on-site training. All necessary forms and waivers to be signed by staff and volunteers will be completed at the beginning or end of each shift as appropriate. Work with the Bureau of Emergency Management, Disaster Behavioral Health to provide screening and clearance of volunteers and staff for critical incident stress as well as referrals for counseling.

Identification

An identification protocol should be designed and produced pre-event. The process should manage entry into a mass clinic for those with appropriate identification. The process should be coordinated with local emergency management officials. Refer to the Public Health Emergency Plan (PHEP), Section 19: Responder Workforce.

Qualified identification may include the following:

- Photo ID from Employer, Drivers License, Other Photo ID
- Photo ID in ID holder that is affixed with a color-coded label for each shift worked
- Color coded Tyvek bracelets
- Visible Identifiers: Clearly labeled hats, vests, and jackets. Consider color-coding them to coordinate with any color-coded sections of clinic operations.

Refer to Public Health Emergency Plan (PHEP), Section 19, Responder Workforce.

Training

Volunteers may not have attended any pre-event training unless they were expected to perform a leadership role during operation of the clinic. Those volunteers and staff should be predetermined, and encouraged to attend training in advance to better understand their role in clinic operation, and/or to serve as on-site trainers of other volunteers.

All public health care workers who are expected to be involved in PODs should, if feasible, receive a basic level of training. Staff will be trained through courses provided by state health department staff, CDC satellite courses, web-based training, videocassettes, CD-ROM courses, and through written training materials.

Incident Specific Training

All staff and volunteers must participate in some form of training prior to their participation at the POD. An example of such training is a one-hour briefing prior to the start of each shift. The purpose of this orientation is to provide the necessary training and information to allow each worker to correctly perform their function. It is also a time to provide updates to the situation, as well as policies and procedures.

Incident specific training should consist of the following:

- An initial summary of the event and review of the agent
- Critical mass clinic information and map
- Personal needs (food, restrooms, breaks, family, Critical Incident Stress Debriefing)
- Position descriptions, chain of command, and Job Action Sheets (JAS)
- Legal issues (authority, liability, confidentiality, other)
- Safety issues (Personal Protective Equipment (PPE), emergency procedures)

A draft training plan, if developed, should be appended to this plan.

Mobilizing POD Staff

Successfully meeting the needs of the public during an emergency can depend on coordination and activation of the right volunteers, at the right time. Local planners will work with a pre-designated Volunteer Coordinator and back up for each source of volunteer staff. That contact will help coordinate the availability of staff volunteers, and help schedule shifts to ensure sufficient deployment of volunteers.

The local Volunteer Coordinator reports available number of volunteers to the Bureau of Emergency Management State Volunteer Coordinator.

Volunteer Risk Management

Two NH State Laws cover liability and workers compensation for volunteers. The NH Good Samaritan Law provides that any person in good faith who renders emergency care is exempt from civil liability as long as he acts exclusive of compensation and reasonably provides emergency care without willful or wanton acts of negligence.

House Bill 618 further extends the scope of the registered volunteer by offering worker's compensation when performing volunteer duties during a state emergency.
(Full texts of these documents are provided in Appendix 3).

Registered volunteers are those that have completed an application to volunteer either with the State or with another recognized voluntary organization.

Volunteers are classified as affiliated or unaffiliated. Affiliated volunteers are attached to a recognized voluntary or nonprofit organization (see Appendix 18 for examples of recognized NH Voluntary Agencies) and are trained for specific disaster response activities. Their relationship with the organization precedes the immediate disaster and they are invited by that organization to become involved in a particular aspect of emergency management.

Unaffiliated volunteers are also called spontaneous volunteers. These volunteers are not part of a recognized voluntary agency and often have no formal training in emergency response. They are not officially invited to become involved but are motivated by a sudden desire to help others in times of trouble. It is recommended that a plan be ready for working with spontaneous volunteers, as they can become a welcome resource or an obstacle to smooth operations.

Activation

Careful capacity building with local volunteer resources can be key in ensuring the emergency plan is viable. Review the available resources in your region and keep in contact by offering training and drill participation annually.

The following steps are recommended to develop and implement a volunteer activation and mobilization plan.

1. Develop an incident-specific volunteer/donation plan based upon the response assessment, health response objectives and the action plan. This plan will outline the amount and type of volunteers/donations needed to assist in health response.
2. Initiate and maintain a master filing system for volunteer/donation management/tracking. Volunteer Coordinators can use purchased data acquisition software for volunteer organizations or use an excel spreadsheet or a database program such as Microsoft Access.
3. Initiate contact with representatives from established volunteer organizations and determine the number of available volunteers and what skills they have. The local Volunteer Coordinator reports available number of volunteers to the Bureau of Emergency Management (BEM) State Volunteer Coordinator. After accessing all known sources to determine the number of available volunteers, the State Coordinator will contact the regional Volunteer Coordinator to formally request which volunteers are needed to serve.
4. Coordinate staffing needs and assign volunteers appropriately.
5. Coordinate management of spontaneous volunteers.
6. Credential volunteers as appropriate and collect completed All Hazards Volunteer Application and a Volunteer Activation form.
7. Provide "just in time" training to volunteers on job responsibilities, duties, and code of conduct.
8. Assign each volunteer a lanyard, identification card, and roles/responsibilities checklist.

9. Ensure volunteers are dressed in closed-toe shoes or boots with non-slip soles and trousers and shirts appropriate for the work being performed.
10. Ensure close coordination between emergency responders, incident command, and staging area to ensure security and staff can differentiate between a volunteer that has been cleared for duty and an individual that may be trying to gain unauthorized access.
11. Arrange for volunteers to receive pills or vaccinations before the start of their shift.
12. Arrange for transportation to and from the work site if using an offsite staging area for volunteers.
13. Consult with and act as a technical resource to volunteers regarding potential personnel problems.
14. Determine follow-up plan that involves appreciation and recognition of work completed by volunteers.

Security and Volunteers

In order to ensure that response efforts remain secure and that unauthorized persons are not able to infiltrate the clinic, the following procedures for identifying and authenticating all volunteer workers will be followed:

- All medical personnel will present picture identification card and a card issued by the State of NH or their employing agency that identifies them and their professional specialty or position.
- All non-medical volunteers will present their state issued picture identification (i.e. driver's license).
- All NH State employees will present picture identification card and card issued by State of NH identifying them as a State employee.
- All first time volunteers will be required to complete an All Hazards Volunteer Application and a Volunteer Activation form.

Volunteers will sign in at a central location (either the off site staging area or a designated area within the POD) prior to each shift and will receive their job assignment(s) from the Volunteer Coordinator. Volunteers will be given a lanyard with identification and a roles/responsibilities checklist that outlines their duties. Training will be provided to volunteers prior to them reporting to their assignment for the first time. On second or subsequent days, all volunteers will attend a briefing before the start of their shift.

Affix colored dots to the identification badges to denote that an individual has signed in as a volunteer for that particular day. Utilize different colors for different days. The Volunteer Coordinator will assign volunteers according to their experience and expertise. Arrange for transportation to and from each mass clinic site at the beginning and end of each shift.

Volunteers will be responsible for assisting in emergency response as directed by the Volunteer Coordinator. Volunteers will be expected to:

1. Dress in closed-toe shoes or boots with non-slip soles and trousers and shirts appropriate for the work being performed.
2. Display picture identification at all times when assisting in response.
3. Follow safe work procedures at all times and report safety violations.
4. Follow direction for tasks as provided by the Volunteer Coordinator.
5. Sign in before and after each shift.

Security

The level of security will be dependent on the threat involved, the size and number of PODs, and the time period. Arrangements for security will:

- Follow the direction of the Incident Commander (IC);

- Function in coordination with the local emergency operation plan; and involve local, state, and other agencies, as needed.

- Security will be available to protect supplies, prevent unauthorized entrance to the building, and provide crowd management. A security team should arrive in advance of full clinic staff to establish clinic perimeter.

- At least one dedicated law enforcement resource (officer and vehicle) should be available at each POD. The level of law enforcement presence will be determined by the local law enforcement agency. Additional resources may be considered, but should not engage in actions beyond their authority - such as restraint.

The security plan should address:

- Security of inventory, including locked and limited access to medical supplies

- Identification of backup power sources if required to store vaccine

- Security for transportation of medical supplies (SNS supplies will arrive under State Police escort to clinics.)

- Maintenance of safe and secure clinic sites, including crowd control, traffic control, safety of clinic personnel, etc

- Security for Public Health Nurses while conducting joint investigation in the field during contact tracing interviews

- Security of the identification staging area (bus pickup area)

- Screening of individuals not allowed access to POD without approved identification

Traffic and Parking Plan

A parking and traffic plan should be pre-determined for the POD with the assistance of law enforcement, public works and other key local partners.

The parking and traffic plan should consider the following:

- The site should designate an area for staff parking with appropriate signage, if possible.

- Public parking and access must be carefully considered. Consider proximity to entrance, lighting, and ease of walking (gravel vs. pavement). Police and re-supply vehicles need to have designated areas.

- Also consider where the triage area will be placed relative to the entrance. Triage should not be inside the POD if the threat agent is contagious.

- Parking must provide handicap accessibility.

- If public transportation is available on the route, how or will it be used?

- If utilizing a transportation service to mobilize clients, consider establishing an MOU for vehicles, drivers and routing plans.

- Consider traffic flow around and to POD including client drop-off and pick-up.
- Consider a dedicated drop-off site for public transportation/school buses shuttling the public.

- Identify/dedicate flow for supply delivery and offloading.

- Many parking lots have abandoned cars at any given point in time. Ensure ability to remove any abandoned cars from designated clinic parking sites upon activation of clinic.

- Whether or not barricades will be necessary for security and/or to route traffic. Include Public Works in those plans.

Supply Security

A secure area must be identified for maintaining clinic supplies. A list of clinic supplies and equipment will be kept on hand at the Point of Dispensing (POD) to be used for POD setup and restocking. When vaccine/medications must be rationed due to short or delayed supply, additional law enforcement will be requested through the local EOC to provide crowd control and security.

Crowd Management

Effective crowd management is frequently grounded in effective communication. In the case of a POD, that communication should address POD factors unknown to clients, such as set up/ stages of the POD, status and speed of POD lines (particularly if multiple line flows are uneven), delays or holdups.

Staffing

The staff model chosen to support the POD should be based on Centers for Disease Control (CDC) guidance, POD exercises and commonly accepted practices. The regional planning teams and the Bureau of Emergency Management will identify a potential pool of volunteers that is at least one and one-half times the recommended number of staff identified for the POD. This will help improve availability during an event. These volunteers should ideally not be included in other emergency plans that may occur simultaneously.

Volunteers are available as one of three main types: medical professionals, pre-trained individuals, or persons with no pre-training. Volunteers are expected to perform multiple functions within those types. This provides redundancy and flexibility in plans, and allows staff to be rotated during each shift for breaks, or for contingencies.

Some volunteers and staff should be pre-designated as area leaders. They can assist with on-site training of other volunteers before each shift, and can also assist with communication, reporting and trouble-shooting in different areas of the POD. They will also help coordinate communication and respond to specific staff needs and questions.

This plan is based on a recommended number of volunteers per shift to adequately staff a POD. The plan is also based on an estimated number of patients, stations and special needs of the mass clinic. The number includes both medical and non-medical staff. A list of jobs and a brief description of each for a fully staffed mass clinic is included in the attached staff model chart. See Appendix 12 for a complete description of each clinic staff position and Appendix 13 for Job Action Sheets that can be copied and distributed to staff. Background checks and credentialing of these volunteers should be made available if feasible to the staff coordinators at the staff staging area.

You may use the sample that follows for estimating staffing needs for a general large-scale clinic. DOS and DHHS may also provide clinic-modeling software for calculating these estimates.

The following general clinic-staffing pattern per shift per dispensing site is recommended in order to process **250 people per hour for 8 hours** (2,000 persons per 8 hour shift). The numbers presented are estimates that should be adjusted depending on the situation. It is best to assure adequate staffing numbers than to underestimate, as it may be more practical to reduce staffing numbers based on need once a site is running rather than to increase the staffing at a backed-up site. Please note that planning for staff relief and for some staff to work in shifts (such as 4 hour shifts) should be considered when calculating actual number of staff needed.

Clinical Staff	**Type of Staff Needed**	**Vaccine**	**Meds**
Emergency Dispensing Site Coordinator	**Person with medical, emergency or clinic operations experience**	1	1
Health & Safety Officer	**MD, RN or med experience**	1	1
Operations Section Chief	**RN or other w/ med experience**	1	1
Triage to direct ill patients to other facilities and contacts to separate evaluation station	Persons skilled in triage	3	3
Medical screener – review those with contraindications (est. 5-10 min/person)	MD, RN, RNP, PA	4	4
Physician evaluator	MD, PNP	1	1
Pharmacy (meds dispensing)	RPh		2
Pharmacy Technicians (meds)	Pharm. Tech./ others		2
Vaccinator* (Note: Consideration should be given to identifying one or more persons to assist each vaccinator.)	RN, PA's, EMTs, medical assistant (MA) w/ MD supervision, Pharmacists (for meds)	16	12
Vaccine supply and handling	Vaccine Technician	2	
Behavioral health staff	Psychologist, psychiatrist, social worker, therapist, crisis counselor, psychiatric nurses	2	2
Total Clinical Staff		**31**	**29**
Non-Clinical Staff			
Logistics Chief	Non-medical	1	1
Planning Chief	Non-medical	1	1
Finance/Adm Chief	Non-medical	1	1
Medical form distribution/helper (May cross train with Greeters/float staff)	Non-medical	4	4
Greeters/Float staff (May cross train with medical form distributors/form helpers as above)	Non-medical; individuals with good interpersonal skills	3	3
Data entry	Data entry experience	4	4
Contact evaluation unit – interviewing of contacts	Epidemiologists, clinicians, public health research staff	2	2
Security/Internal crowd control	Security	6	6
Security/External crowd/traffic control	Security	10	10
Maintenance/Housekeeping staff	Non-medical	2	2
Logistics/food/etc.	Non-medical	3	3
Total Non-Clinical Staff		**37**	**37**
TOTAL STAFF NEEDED		**69**	**66**

*See Appendix 9 for list of credentials required in order to administer vaccination.

Patient registration, if done through a phone bank prior to opening the POD, will require an additional 6 staff plus a coordinator working 6 lines for 8 hours per day over 3-4 days. See Appendix 9 for details about setting up a phone bank for POD registration.

Registration may also include patient data filled out prior to the opening of the POD and accessed at the POD in a computerized database.

Demobilization

The Point of Dispensing Site Coordinator will begin the demobilization process after the decision is made to close the POD. As much as possible, the facility must be returned to the same condition as reported on the initial facility assessment report. Remaining supplies and/or resources that were brought to the POD should be returned or destroyed based on agreements. The facility must be cleaned and disinfected as needed. All unused material from the SNS (if SNS is involved) must be repackaged and returned to the SNS per their policy.

It is important to track all total expenditures associated with the event, including hours donated by volunteer laborers. Following the conclusion of the POD, an After Action Report will be prepared to account for clinic-related costs. These reports will be used to provide required documentation and all requests for reimbursement.

Section 4: Logistics

This section provides all support needs for the POD, and is tasked with procurement of material and the Point of Disipensing (which should have been identified well in advance of an actual public health emergency). Logistics may also assist with call up of staffing resources. The Logistics Chief will work closely with the Operations Chief and the Point of Dispensing Site Coordinator. Specific refrigeration and security needs for pharmaceuticals must meet federal and state requirements. The physical and mental health needs of the staff are important considerations and should be coordinated through American Red Cross (ARC), Salvation Army and others as identified in the State/Local EOP.

Clinic Set-up

The Point of Dispensing Site Coordinator will contact the Planning Chief and Logistics Chief to coordinate the opening of the clinic. The logistics chief will contact the appropriate personnel listed on the facility assessment **(Appendix 9)** to begin setting up the POD. Non-medical supplies not available on-site will be requested from approved vendors unless the SNS is requested and approved. The POD Coordinator (PC) will work with all section chiefs and the local EOC to determine sources and availability of medical supplies. The local EOC will make the formal request for medical supplies not available at the POD. Ideally the POD would be set-up within 12 hours of the initial approval to open, and could be open to the public within 24 hours.

Supplies

Supplies are available to the POD from a variety of sources, depending on the size of the targeted population. An inventory of recommended supplies for the POD is included in Appendix 9. Supply needs may vary depending on the disease. These variations will be noted in the disease specific appendices.

Local Medical Supplies

Local medical supplies may be available from area pharmacies, hospitals and other local health providers. Priority for these supplies should be given to provide prophylaxis or vaccination to emergency responders and volunteers. Remaining supplies may be used to support clinic operations until additional resources arrive.

The activation and use of these local supplies may or may not be in addition to the formal request for the Strategic National Stockpile (SNS); this depends on the scope of the emergency and estimated size of the target population. If the SNS is requested and the local pharmaceutical stockpile is depleted, the State or local EOC may request additional supplies of pharmaceuticals from other sources if available. Transportation of back up supplies will be arranged by the EOC.

Strategic National Stockpile

To access the stockpile, the local Public Health Officer or the local EOC must contact the State Director of Public Health at 1-603-271-4501 or the State SNS Coordinator at 603-271-2231. These individuals can be contacted after hours via the DOS 24-hour number at 603-271-2231. The Bureau of Emergency Management (BEM) will work with appropriate state officials to

determine whether or not to request the stockpile from the federal government. The Governor or their designee will make the formal request. The State Emergency Management Director will then contact local Emergency Management officials to inform them that the request has been approved and approximate time of arrival at their location.

Additional clinic supplies will be provided through the SNS Vendor Managed Inventory (VMI). These supplies will be requested and may arrive separately from the requested SNS vaccine, prophylaxis or full Push Pack. Planners must provide for adequate clinic supplies for a period of time between SNS request and its arrival at clinic. More detailed information regarding SNS protocol will be provided by BEM in the State SNS Plan.

Receiving Medical Supplies

The facility used for a mass clinic must have the ability to maintain appropriately controlled temperature settings for specific medications/pharmaceuticals. The U.S. Pharmacopoeia defines "the usual and customary working environment of 20° C to 25° C (68-77 F) that allows for brief deviations between 15° C and 30° C (59-86 F) that are experienced in pharmacies, hospitals, and warehouses". When the POD receives the medications and supplies from the RSS, the material must be formally accepted and stored immediately by the Supply Coordinator.

The received pharmaceuticals and supplies must be inventoried by the Supply Coordinator and documented. Any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery require the POD Coordinator to be notified in order to contact the RSS for reconciliation.

The delivery invoice is checked, signed off by the Logistics Chief, and then copied by the appropriate person in logistics. This is then forwarded to the Administration section, RSS, and local EOC.

Designated delivery points within the POD, with clear signage to avoid unauthorized use by clients or staff, should be identified. Ensure all signage and directions are provided in the common foreign language(s) of the area.

Large-scale PODs (arenas, stadiums, etc.) should ensure the facility has pallet jacks and hand trucks to move supplies. Forklifts or a hydraulic lift should be available to unload supplies if a loading dock not available.

Pharmaceutical Inventory

The drug's unique prescription number is key to tracking a drug, its lot number, and the recipient. Documenting the prescription number on the client's Name/Address/Phone/Health History (NAPH) form will allow for the identification of every client that received a particular drug/lot combination. Additionally, the dispenser/vaccinator must document the date, time, and location of the mass clinic, then sign and date the form.

- The log will require counting of inventory by two staff members with signatures (like controlled substances at an institution).
- Beginning biological inventory balance
- Vials/doses received

- Total doses administered by lot number
- Doses wasted with lot number (documentation will include date, dose, lot number, and reason for loss with staff member's signature)
- Ending biological inventory at end of each day
- Tracking form templates will be provided by the state.

Non-medical Supplies

There is a wide range of non-medical supplies that are also needed to operate the POD. These may or may not be available within the facility. Supplies not available on-site should be pre-arranged with local vendors. The supplies may or may not need to be returned, depending on the type and the contract. The list of these supplies are included on the clinic inventory sheet in Appendix 9.

Non-Pharmaceutical Inventory

All other supplies should be inventoried to provide accountability, and to maintain accurate cost accounting records.

Forms

All forms will be available on line and as hardcopy. Forms can be duplicated on-site using the facility's copy machine if available and capable of large copy runs. If no copy machine is available on-site, arrangements should be made ahead of the time with an area service. Forms should be available in multiple languages to meet the needs of local communities. Forms should be prepared in assuming a 6th grade reading level.

The CDC also provides on CD-ROM electronic versions of client information forms in English and 48 other languages, for each drug and threat. The templates are in Adobe Acrobat. The templates do not require special fonts. The dispenser's name, the prescriber's name, and a 24-hour phone number for questions can be inserted. The CD-ROM contains formats for printing dosing instructions and precautions in multiple languages that cannot be edited. The CD-ROM is available from the State SNS Coordinator.

DHHS is developing handouts for use during a clinic that address contraindications, adverse events, and after care. They are also developing disease-specific forms for each of the CDC Category A agents.

Communications

The Communications Group Supervisor will be responsible for coordinating the internal and external communication resources including land-line and cellular phones, 2-way radios, ARES/RACES activities if used, satellite phones, computers, printers, and fax machines. Telecommunications and information technology are crucial because incoming and outgoing information must be efficiently and consistently maintained. Important information, such as: number of radios, frequencies used, and who has what type of equipment must be determined.

The Integrated Communications Coordinator will perform an inventory analysis at the end of each shift to account for such material. All offices, appropriate workstations, and administrative areas must have, at minimum, phone lines.

The primary mode of communication with the mass clinic will be by telephone line. If telephones are inoperable, the Integrated Communications Coordinator will determine an alternative method of communication with the EOC. Another resource for external communications at clinic locations may be local volunteer ham radio operators.

On-site communication will be by internal telephone system (if available) or 2-way radio. These radios will be listed under the supplies, and will be made available by the Logistics Chief. Runners will also be available on site. The Integrated Communications Coordinator will identify primary and back-up numbers for key personnel and locations within the POD.

Facilities

Site Design

This facility is estimated to treat a pre-determined number of patients within the region. All plans, staffing structure and resources are based on that estimate. Estimates for all PODs within the region are included in **Appendix 8**.

The site plan is based on:

- The initial POD checklist (**Appendix 9)**
- The site design checklist (**Appendix 9)**
- A traffic and parking plan
- A site security plan

The site design is flexible. The combination of stations, clinic days and shifts can be recalculated to accommodate changes in the number of clients, available staff and/or the scope of the event.

Clinic Duration

The duration of a mass clinic will vary depending on a variety of factors, including the agent involved, public demand and available resources.

Facility Management

A representative from the facility with working knowledge of the facility will be available during set-up and throughout each shift. If MOU with the facility allows, facility personnel would provide general housekeeping for mass clinic. They must be familiar with all physical operations of the facility, specifically the temperature control, ventilation and refrigeration.

Utilities

Contact information for the utilities and contractors that service the facility, as well as back-up plans are listed in the facility assessment. Priority must be given to preserving the pharmaceutical supplies.

Waste Management

PODs will follow the most current OSHA, DNR, EPA and CDC guidelines related to handling and disposal of medical waste (included in infection control measures). Medical waste, including gauze or cotton used during administration of biologics, other potentially contaminated material, and empty vaccine/medication vials will be bagged in appropriately marked biohazard bags and incinerated or autoclaved either on-site or by arrangement of incineration following transport. The waste disposal service will handle sharps and biohazard disposal needs.

Additional information related to waste management is included in the Public Health Emergency Response Plan.

Transportation

Transportation services may be required to shuttle clients to and from the mass clinic. Services may also be required to send or receive supplies. The mass clinic will request assistance through the local EOC for transportation services.

Workforce Services

Protecting and supporting the physical and mental health of the staff and volunteers is essential to maintaining operations. Food services for staff and volunteers should be coordinated with either the local chapter of the American Red Cross (ARC), or the Salvation Army. Other personnel services, including but not limited to behavioral health services, childcare and lodging, should be arranged through the local EOC.

Section 5: Finance and Administration

Time keeping, procurement, and cost accounting are the primary functional activities of this section. This section will make available and manage all paperwork generated at the site. This section is responsible for managing records related to client registration, treatment or its deferral, and disposition of records. Based on the size of the incident the Finance and Administration functions can support multiple mass clinics or those functions may be coordinated at the local EOC.

Client Data Entry

Client information to be completed will be based on the identified threat. At a minimum it will include; demographics, vaccine/medication information, and permission/authorization documentation. The appendices section of this plan includes:

- Documentation and paperwork for those treated for exposure to anthrax
- Documentation and paperwork for those who will receive Hepatitis A IG or vaccine
- Additional disease specific forms will be added as completed.

Ensure a tracking and identification system that allows for accurate, unduplicated client count and also prevents clients from being processed more than once (tags, hand stamps, etc.). All client information managed at the clinic is confidential.

Client information can be processed at the site or at a designated off-site location. If entered onsite and dependant upon internet access, make sure the room has the required resources and is an adequate size for the numbers of staff needed to complete data entry. If processed outside of the mass clinic, client forms should be collected, batched and sent to data processing. This will avoid the dependence on continuous on-site Internet access.

Time Keeping

All staff and volunteer time must be accurately recorded in order to receive state and federal reimbursement.

Appendix 1: References and Acknowledgements

Acknowledgements

The bulk of this guide was adapted from manuals written by various states. We appreciate and acknowledge the work of our colleagues in the following states in particular: Massachusetts, Vermont, New Jersey, Wisconsin, and California. Also, our background reading included a review of a comprehensive model for managing mass casualty events developed by the Department of Defense, as represented on the Northern New England Metropolitan Medical Response System (NNEMMRS) website (nnemmrs.org). Additionally, we received planning documents developed by the Centers for Disease Control and Prevention that were used as reference points or in the appendices of this guide.

Several individuals were involved in the writing and editing of this mass prophylaxis guide. Although individual names are listed below, it is important to point out that many people reviewed and commented on this document as it evolved, and thus it is likely that some who made important contributions may not be noted below. Still, we thank all who were involved and hope you will appreciate the value of your input, as this guide will likely be used to provide practical guidance for setting up and managing large scale clinics serving the state of New Hampshire and protecting the public health during times of crisis.

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Text and diagrams were adapted from and are consistent with the following references that were used to prepare this document, including:

U.S. Department of Homeland Security - National Incident Management System, March 1, 2004

CDC. Smallpox Response Plan and Guidelines (version 3.0), 9/21/02 Guide A. Surveillance, Contract Tracing, and Epidemiological Investigation Guidelines

Guide B. Vaccination Guidelines

Guide C. Isolation and Quarantine Guidelines

Guide D. Specimen Collection and Transportation Guidelines
Guide e. Communication Plans and Activities

Guide F. Decontamination Guidelines

Annex 1. Overview of Smallpox, Clinical Presentations, and Medical Care of Smallpox Patients

Annex 2. General Guidelines for Smallpox Vaccination Clinics

Annex 3. Guidelines for Large Scale Smallpox Vaccination Clinics

Annex 4. Vaccine Adverse Events Reporting

Annex 5. Suggested Pre-event Activities for State and Local Health Authorities

Annex 6. Glossary of Abbreviations and Smallpox References

Annex 7. Miscellaneous Forms

Annex 8. Checklists for State/local/CDC Personnel Actions in a Smallpox Emergency

State of Wisconsin Documents
a. Division of Health, Emergency Management Plan, no date
b. Wisconsin Draft Vaccination Plan with Specific Reference to Smallpox, 11/19/02.
c. Wisconsin Draft Strategic National Stockpile Plan (version 4.2), May, 2004.
d. Wisconsin Hospital Bioterrorism Preparedness Plan, Draft, 11/7/02

Dane County Documents
a. Dane County Human Services Standard Operating Procedure, 11/14/01
b. Emergency Operating Plan, Annex H, draft revision, Sept, 2002.
c. Dane County/Madison Influenza Pandemic Plan, draft 7/5/02

d. Dane County Interim SNS Plan
e. Madison Area MMRS Documents
f. Deliverable #4 Forward Movement of Clients
g. Deliverable #7 part 1, Early Recognition Systems, and part 5, Environmental Surety
h. Deliverable #8 Local Hospital and Healthcare Systems, pending
i. Deliverable #10, Pharmaceutical and Equipment Plan, draft 5/22/02.

Akron Metropolitan Medical Response System, Deliverable #7, June 17, 2002.

Toledo Lucas County Metropolitan Medical Response System, Deliverable #7.

Cuyahoga County, Ohio- Mass Prophylaxis Planning Template

State of Minnesota-Minnesota Department of Health Smallpox Response Plan
Ramsey County (St. Paul), Minnesota-Mass Clinic Plan
State of Minnesota-Planning Guidance for Regional and Local Jurisdictions for the Strategic National Stockpile Program (SNS)-Version 2

State of Missouri-Planning Guide for Local Mass Prophylaxis: Distributing and Dispensing the Strategic National Stockpile

San Francisco Department of Health-Vaccination Ventures: Explanations and Outcomes of a Mass Smallpox Vaccination Clinic Exercise

Saratoga County Health Department, New York

Massachusetts Department of Health, Emergency Dispensing Site Management and Operations, version 1.6, 3/01/2005.

Branch-Hillsdale-St. Joseph Community Health Plan Strategic National Stockpile, job action sheets.

Appendix 2: Acronyms and Definitions

ACIP	Advisory Committee on Immunization Practices, CDC
DCS	Disease Control Section, within Division of Public Health Services, Department of Health and Human Services, State of New Hampshire
BDS	Biohazard Detection System
Bulk	Bulk Packages of medications that have not been repackaged into individual doses.
BEM	Bureau of Emergency Management, a state agency within the Department of Safety, Division of Emergency Services, State of New Hampshire
CDC	Centers for Disease Control and Prevention
CRI	Cities Readiness Initiative
Delivery Point	Site where SNS supplies are delivered: Includes dispensing sites, hospitals, first responders, etc.
DHHS	Department of Health and Human Services, State of New Hampshire
DPHS	Division of Public Health Services, within Department of Health and Human Services, State of New Hampshire
DOS	Department of Safety
EDS	Emergency Dispensing Site – Community-based clinic site for large-scale vaccination or medication dispensing during a public health emergency or disease outbreak
EMS	Emergency Medical Systems
EMT	Emergency Medical Technician
EOC	Emergency Operations Center (local): Center of operations during a mass casualty event.
EOP	Emergency Operations Plan
HAN	Health Alert Network
HIPAA	Health Insurance Portability and Accountability Act
ICS	Incident Command System
IND	Investigational New Drug – Vaccine or medication that has been approved for use within strict controlled guidelines
IPS	Interim Pharmaceutical Stockpile
JIC/JPIC	Joint Information Center/Joint Public Information Center; media center set up and managed by state emergency operations center in the event of a state-wide emergency declared by the state governor
LHD	Local Health Department
LO	Liasion Officer
LPHD	Local Public Health Department
MMRS	Metropolitan Medical Response System

MMWR	Morbidity and Mortality Weekly Report
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NAPH	Name, Address, Phone, History Form
NHPHEPRP	New Hampshire Public Health Emergency Preparedness and Response Plan
NIMS	National Incident Management System
Off Label	Utilizing a FDA Approved medication for other than its intended (labeled) use
PHIN	Public Health Information Network
PHN	Public Health Network – NH supported local points of contact designed to coordinate the planning and usage of local health resources.
PIO	Public Information Office
POD	Point Of Dispensing Prophylaxis – large-scale clinic designed to preserve health and prevent the spread of disease.
PPE	Personal Protective Equipment
Push-Pack	This portion of the SNS consists of medical material that can arrive anywhere in the Continental United States within 12 hours; there are 12 Push Packages prepositioned at strategic locations nationwide.
RSS	Receive, Store and Stage warehouse
SNS	Strategic National Stockpile (formerly National Pharmaceutical Stockpile, NPS): A national repository of pharmaceuticals and medical supplies that may be needed in the event of a biological or chemical terrorist incident to supplement and resupply State and Local Public Health Agencies and hospitals.
Staging	Positioning the SNS at the designated receiving facility in such a way that it can be easily broken down to support shipment to dispensing sites.
VAERS	Vaccine Adverse Events Reporting System
VIS	Vaccine Information Statement
VMI	Vendor Managed Inventory: The resupply portion of the SNS. The jurisdiction (local/state) will need to determine if SNS is to be requested and how much supply to request from the VMI.
VNA	Visiting Nurse Association

Appendix 3: Legal Authority

The following section is adapted from the NH DHHS/DPHS Interim Influenza Pandemic Epidemiologic Surveillance Plan, September 2004. The full plan is located on the DHHS website at http://www.nh.dhhs.gov

RESPONSIBILITIES AND LEGAL AUTHORITY IN PUBLIC HEALTH EMERGENCY PLANNING

The preparation for and response to a large-scale public health emergency requires a coordinated response by public health authorities, emergency management authorities, and other emergency response entities at the local, state, and federal levels of government.

4.1 Federal Authority

The US Department of Health and Human Services (U.S. HHS) is the U.S. Government's lead agency for the preparation, planning, and response to pandemic influenza. As such, U.S. HHS will coordinate the U.S. Government's response to the public health and medical requirements of pandemic influenza. The U.S. HHS Secretary's Command Center will serve as the national incident command center for all health and medical preparedness, response, and recovery activities.

If the scale and scope of the public health emergency warrants a federal role, CDC will augment local and state resources for disease surveillance, epidemiologic response, diagnostic laboratory services and reagents, education and communication, and disease containment and control.

For example, for flu pandemic planning CDC has assumed primary responsibility for a number of key elements of the national plan, including:

- Vaccine research and development
- Coordinating national and international surveillance
- Assessing and potentially enhancing the coordination of vaccine and antiviral capacity, and coordinating public-sector procurement
- Assessing the need for and scope of a suitable liability program for vaccine manufacturers and persons administering the vaccine
- Developing a national "clearinghouse" for vaccine availability information, vaccine distribution, and redistribution
- Developing a Vaccine Adverse Events Reporting System (VAERS) at the national level
- Developing a national information database/exchange/clearinghouse on the Internet

For disease outbreaks that are primarily confined to a state or local area, NH DOS/BEM and DHHS/DPHS will provide the primary support and guidance for intervention. State statutes describing legal authority and roles are listed on the chart that follows.

Table 1. Statutory Authority

Statute	Agency	Authority
US Public Law 93-288	Federal government	Provides authority to respond to emergencies and provide assistance to protect public health; implemented by Federal Emergency Management Act
RSA 21-P: Department of Safety	Governor BEM	Allows Governor to delegate authority to BEM Director to carry out necessary functions to preserve lives of the people of NH during an emergency
RSA 4: Powers of the Governor and Council	Governor	Allows Governor to declare a state of emergency as that term is defined in RSA 21-P: 35, VIII Gives Governor direction and control of emergency management (see RSA 4:45, 4:46 & 4:47)
RSA 141-C: Communicable Disease	DHHS	Authorizes the DHHS to purchase and distribute pharmaceutical agents to prevent the acquisition and spread of communicable disease Authorizes the DHHS to adopt rules to distribute prescription pharmaceuticals in public clinics Establishes a vaccine purchase fund for the purchase of antitoxins, serums, vaccines and immunizing agents Allows DHHS to issue complaint to an individual and seek assistance of law enforcement; allows law enforcement officials to take an individual into custody and transport him/her to the place where he/she can be isolated, quarantined or treated; allows due process for such individuals (the right to a superior court hearing)
RSA 99-D: Defense & Indemnification of State Officers & Employees	DHHS	Protects State employees who administer immunizations as part of their official duties; see also RSA 21-P: 41 which provides similar protection to all emergency management workers (whether or not they are State employees)
RSA 541-A: Administrative Procedure Act	State Agencies	Allows State agencies to adopt emergency rules when there is imminent peril to public health or safety, without going through normal rule making process; see also RSA 4:47, III which allows the Governor to make, amend, suspend or rescind orders, rules and regulations during a state of emergency
HB 618	DHHS, DOS	Provides workers compensation and limits liabilities for volunteers.

4.2 State Authority

The State of NH has designated DOS/BEM and DHHS/DPHS to oversee mass prophylaxis clinic planning in cooperation with local health agencies, public health networks and other partners. DOS and DHHS will convene necessary experts as needed to review local mass prophylaxis all hazards plans and give technical advice. During a public health event that requires a large-scale mass prophylaxis clinic, DHHS will have primary responsibility for:

- Making recommendations to local health departments, health care providers and facilities, and the general public to aid in controlling the spread of disease
- Maintaining surveillance systems to monitor the spread of disease
- Keeping the public informed
- Providing logistical support, including determination regarding request for SNS

4.3 Local Authority

Each community in the State, including those without existing health departments, should consider developing a local area mass prophylaxis plan, using the state guide. Each city and town in the State has a local Health Officer; their roles and responsibilities in the event of a public health emergency are as follows:

- Assist the State in distributing fact sheets and other educational information to the community
- Assist in logistical support
- Assist in mobilizing community resources
- Collect local information regarding disease outbreaks (e.g., assist the NH Communicable Disease Control Section [CDCS] in locating contacts within a community or locating citizens that may be home-bound)
- Assist DHHS in public education efforts, as well as assisting in identifying potential audiences for public education
- Assist the local community to establish alternative shelter (s)
- Provide information to citizens regarding where local services (e.g., mental health counseling or local welfare) can be accessed
- Act as a liaison between the public and State and federal contacts, and serve as a conduit of information to the public
- Participate in after-action meetings to discuss the public health emergency
- Coordinate their roles locally with the Incident Commander of their community
- Follow up on information and data that the State may need in its response efforts in the event of a public health emergency
- Assist in the closure of public buildings for sanitary and public health purposes
- Work with the State Medical Examiner's office as needed
- Participate in the recovery process following an emergency (e.g., conduct sanitary inspections of water supplies, housing, septic systems, public bathing facilities, pools and, in some communities, food establishments)

5. Legal Preparedness

Legal preparedness is an essential component of public health preparedness and response. While no provision of law addresses mass prophylaxis clinics specifically, numerous statutory provisions authorize relevant actions. Planning and effective response to a large-scale public health event requires knowledge of the following legal issues:

- Quarantine laws and how they apply in a public health emergency
- Statutes for mandatory vaccination during an infectious disease emergency
- Laws and procedures for closing businesses or schools and suspending public meetings during a declared state of emergency
- Medical volunteer licensure, liability, and compensation laws for in-state, out-of-state, and returning retired and non-medical volunteers
- Workers' compensation laws as they apply to health care workers and other essential workers who have taken antivirals for prophylaxis

In general, the federal government has primary responsibility for preventing the introduction of communicable diseases from foreign countries into the United States, and the State and local NH jurisdictions have primary responsibility for isolation and quarantine within their borders. By statute, the U.S. HHS Secretary may accept state and local assistance in the enforcement of federal quarantine and other health regulations and may assist the State and local officials in the control of communicable diseases. The CDC, through its Division of Global Migration and Quarantine, is empowered to detain, medically examine, and/or conditionally release persons suspected of having certain communicable diseases. Because isolation and quarantine are "police power" functions, public health officials at the federal, state, and local levels may seek the assistance of their respective law enforcement counterparts to enforce a public health order (see RSA 141-C: 12, III, and RSA 141-C: 17, VI).

The State of NH is following recommendations for legal preparedness from the CDC and the Association of State and Territorial Health Officers (*State Health Official Checklist: Are You and Your State Ready for Pandemic Influenza?*). DHHS legal counsel confirms that:

- NH's laws and procedures on quarantine, isolation, closing premises, and suspending public meetings have been reviewed and can be implemented to help control an epidemic. (See State of New Hampshire Public Health Emergency Preparedness and Response Plan (NHPHEPRP) for details regarding relevant NH laws and procedures.)

- For some persons (e.g., those providing essential community services), influenza vaccination may be required; for others, vaccination may be recommended (see RSA 21-P: 49, V & VI relative to public health emergencies).

- NH's statutes regarding medical licensure, liability, and compensation for in-state, out-of-state, returning retired, and non-medical volunteers have been reviewed. NH law allows the State to enter into mutual aid agreements for reciprocal emergency management aid and assistance. Parties to such agreements shall be entitled to the same immunities and exemptions as are afforded by statute to NH entities engaged in emergency management functions. During a public health emergency, requirements for a professional license shall not apply to authorized emergency management workers. Dentists, nurses, medical students, physician assistant students, student nurses, and emergency medical technicians shall be regarded as authorized emergency management workers and may perform certain medical procedures that fall outside the scope of their usual practice. Emergency management

workers from outside the State of NH shall possess the same powers, duties, immunities, and privileges as the worker would normally possess if performing his/her regular duties in his/her state of origin.

- HB 618, which is effective as of 1/1/06, provides protection for volunteers working at a state sponsored clinic. The bill provides workers compensation coverage to persons acting as volunteers for the Department of Health and Human Services and the Department of Safety in the event of a public health or public safety incident. This bill also limits liability for such volunteers. A Fact Sheet for HB 618 is included in the New Hampshire Public Health Emergency Preparedness and Response Plan, Addendum K. This document also covers additional legal preparedness issues relevant to public health emergencies.

- During the course of a public health emergency, rules and regulations regarding licensure can be suspended or modified as necessary to allow health care institutions to use temporary facilities as necessary for the provision of medical care and treatment.

- Workers' Compensation and Unemployment Compensation laws have been reviewed to determine if and how they would or could be used in the event that a person misses work due to being subjected to an order of isolation or quarantine. The State will be considering what provisions need to be in place to allow a person subject to such orders to be compensated for the time that the person is out of work (see RSA 21-P: 41, I).

Mandatory Medical Examinations

Addressed in NHPHEPRP, Addendum L.

Compulsory Vaccination during a State of Emergency

Addressed in NHPHEPRP, Addendum L.

D. Public Health Emergency Management

Public Health Emergency, Defined

The definition of a public health emergency, as well as general response guidelines are provided in the NHPHEPRP, in the Situations and Assumptions section.

II. Federal Privacy Rule (HIPAA) and Public Health

The Health Insurance Portability and Accountability Act of 1996, (HIPAA) privacy rule establishes national standards for the use and management of Protected Health Information (PHI). This policy has thus proven to be of specific interest to public health preparedness planners. The April 11, 2004 issue of CDC's Morbidity and Mortality Weekly Report (MMWR) serves as formal guidance from the Department of Health and Human Services on the implementation and application of the HIPAA Privacy Rule.

The HIPAA Privacy Rule is written both to protect an individual citizen's privacy and the effective function of the public health system in order to "accomplish essential public health

*objectives and to meet certain other societal needs (e.g., administration of justice and law enforcement)."** Selected provisions and definitions of HIPAA specific to public health activities follow:

(* Emphasis added)

Protected Health Information

PHI is defined in an April 11 issue of the CDC's Morbidity and Mortality Weekly Report (MMWR) as
"generally individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium. This information must relate to

1) the past, present or future physical or mental health, or condition of an individual;

2) provision of health care to an individual; or

3) payment for the provision of health care to an individual

If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information."

Public Health Authority, Defined under HIPAA

Per the same MMWR, "A public health authority is broadly defined as including agencies or authorities of the United States, territories, political subdivisions of states or territories, American Indian tribes, or an individual or entity acting under a grant of authority from such agencies and responsible for public health matters as part of an official mandate."

Covered Entity, Defined under HIPPA

Covered entities are those that are required to conform with HIPAA rule when handling protected health information (PHI). Entities include health plans, health care clearinghouses, and health care providers. The MMWR of April 11, 2004 acknowledges that some public health agencies may perform covered functions such as providing health care and may be subject to the privacy rule for those covered activities. Per the MMWR, such agencies may wish to designate themselves hybrid agencies, thus "a public health authority can carve out its non-covered functions, so that the majority of Privacy Rule provisions apply only to its health-care component..."

Public Health Activities under Memoranda or Agreement

The HIPAA Privacy Rule provides that the "other entities" identified in contracts, letters and memoranda of agreement that frequently used by public health "are public health authorities under the Privacy Rule with respect to the activities they conduct under a grant of authority from such a public health agency."

Permitted PHI Disclosures without Authorization

Per the MMWR, "The Privacy Rule permits covered entities to disclose PHI, without authorization, to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. " Further, the MMWR states "PHI can be disclosed to public health authorities and their authorized agents for public health purposes including but not limited to public health surveillance, investigations, and interventions."

Minimum Necessary Standard

With regard to the amount of information that may be disclosed to a public health or other non-covered entity, the MMWR states "The Privacy Rule usually directs covered entities to limit the amount of information disclosed to the minimum necessary to achieve the specific goal [45 CFR s. 164.514(d)(1)]. This requirement usually applies to disclosures to a public health agency. It would not apply, however, if the disclosure were required by law, authorized by the individual, or for treatment purposes. * A covered entity may also reasonably rely on a public official's determination that the information requested is the minimum necessary for public health purposes."

(*Emphasis added)

The HIPAA Privacy Rule and State Laws

According to the MMWR the Privacy Rule preempts less stringent state laws that related to privacy of PHI. Further, according to the MMWR, the Department of Health and Human Services "may, upon specific request from a state or other entity or person, determine that a provision of state law that is contrary to the federal requirements and that meets certain additional criteria, will not be preempted by the federal requirements." *The MMWR identifies several possible reasons for such a determination, including that the state law* "is necessary to serve a compelling public health, safety or welfare need and, if a Privacy Rule provision is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served." Finally, the MMWR notes that the Privacy Rule "specifically does not preempt contrary state public health laws that provide for the reporting of disease or injury, child abuse, birth or death, or for the conduct of public health surveillance, investigation or intervention [45 CFR s. 160.202]."*

(*Emphasis added)

Federal Resources

MMWR, April 11, 2003 Vol. 52: "HIPAA Privacy Rule and Public Health, Guidance from CDC and the U.S. Department of Health and Human Services"

45 Code of Federal Regulation Section 164.512(b)

NH Legal Protections for Responders during Public Health or Safety Incidents September 2005

During the 2005 legislative session the House and Senate passed, and Governor Lynch signed, House Bill (HB) 618. HB 618 provides important protections for persons who are acting as agents of the State during a public health or public safety incident. Here are important facts you need to know about this new law.

Persons assisting in responding to a public health or public safety incident will be protected from liability provided that the following two conditions are met:

- The Commissioner of either the NH Department of Health and Human Services (DHHS) **or** the Department of Safety (DOS) has declared in writing that a public health or public safety incident exists. (This is different than a State of Emergency that would be declared by the Governor).

- Either DHHS or DOS has specifically **designated in writing** a person to act as its agent to assist in responding to the public health or public safety incident.

When these two conditions are met, in accordance with RSA 508:17-a, the person designated to act as an agent will be **protected from claims and civil actions** (i.e. liability) arising from acts committed within the scope of his or her official duty as an agent to DHHS or DOS to the same extent as state officials and employees are protected, so long as:

1. The agent was acting in good faith and within the scope of his or her official functions and duties as an agent to DHHS or DOS; and
2. The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the agent.

- RSA 508:17-a also states that no disciplinary action may be taken by a licensing board against a licensee who acts as an agent **and** items 1 and 2 are applicable.

- HB 618 also amended the NH workers' compensation law (RSA 281-A) to clarify that if a person is injured while acting as an agent in accordance with the provisions above, the State of New Hampshire and not the agent's regular employer will bear the cost of workers' compensation. In effect, the agent will be considered an employee of the State of New Hampshire for the purposes of workers' compensation.

HB 618 will take effect on January 1, 2006. For more detailed information please contact John B. Martin, Esquire at 271-5321.

Appendix L: Law Enforcement Memorandum

Appendix 4: Standing Orders

Authority to Treat

When the decision to vaccinate or dispense prophylaxis medications is made the state's chief medical officer will create standing orders. It is unlikely that standing orders will be issued in advance as the case definition and other variables will not be know until the incident is recognized and mitigation strategies developed. A sample standing order is included in the Hepatitis A Appendix 14.

Authority to Dispense Medications - In the case of Metropolitan Medical Response System (MMRS) cities the standing order to dispense may come from the ***city's respective chief medical officers.*** Upon request and activation of the SNS, the state's chief medical officer will create standing orders to dispense SNS medications.

Waivers

In the event of a public health emergency, the governor of New Hampshire may opt to waive certain statutes or rules to facilitate the implementation of a mass vaccination or mass prophylaxis clinic.

Investigational New Drugs

Because the federal government is engaged in ongoing research for countermeasures to nuclear, biological and chemical weapons it should be anticipated that more Investigational New Drugs (IND) will become part of the SNS over the long term. IND guidelines would be provided by CDC.

Off Label

Medications and vaccines that are used for other than their intended purpose are considered off label and will require informed patient consent. An example is using anthrax vaccine absorbed as post exposure prophylaxis. The intended use is for prevention prior to being exposed.

Sample Standing Order

A sample standing order is provided in Appendix 14 as part of the Hepatitis A clinic packet.

Appendix 5: Infection Control Measures

Infection Control Measures

(See also NH SARS Plan and NH Nursing Home advisory from 2004/2005 Flu Season. Both documents are located on the NH DHHS website at DHHS.state.nh.us - This topic is also addressed in the New Hampshire Public Health Emergency Preparedness and Response Plan.)

Purpose

Infection control measures may vary depending on the specific disease or public health threat. General infection control measures are provided in this section of the guide, with disease specific infection control protocol provided in the applicable annex.

Basic Principles

- Infection control measures that protect both clinic staff and clients should be developed.
- Triage areas might contain symptomatic patients and should be considered
- "contaminated" areas. Barriers (i.e. personal protective equipment) to protect staff and others
- should be strictly maintained.
- All other areas of the clinic should be considered "clean" areas. Individuals with signs and or symptoms of infection should be screened upon entry into the clinic must not be allowed in these areas.
- If feasible, a public health advisory communicating where symptomatic people should go (if not to the clinic) should be broadcast.
- Clinic staff at risk of coming in contact with symptomatic persons should be vaccinated/prophylaxed prior to working at the clinics. This includes security, transport, and triage staff. It may not be feasible for clinic staff to delay participation in clinic activities until full efficacy is reached, thus disease specific precautions should be taken when in contact with symptomatic or non-symptomatic but potentially infectious persons.
- It should be noted that with some diseased individuals who may be infectious might not show signs or symptoms.

Use of Personal Protective Equipment (PPE)

Clinic staff such as transporters, security personnel, and triage staff are at risk of coming in contact with symptomatic persons may be advised – depending on the specific disease and mode of transmission - to wear PPE to minimize opportunities for disease transmission. Under certain circumstances, staff coming in contact with symptomatic persons may be advised to wear disposable gloves, gowns, National Institute of Occupational Safety and Health (NIOSH) certified, fit-tested N-95 (or higher) respirators, and eye protection such as goggles or face shields. The appropriate protection method will be detailed in each disease specific annex.

Infection Control During Transport

Vehicles used for transporting persons to clinics should be designated as either "clean," (i.e., will carry only non-symptomatic persons), or as "contaminated," (i.e., will carry only sick persons). Persons with symptoms must wear surgical masks and cover any skin lesions before boarding vehicles for transport to clinics. "Contaminated" vehicles will require surface disinfection after use. Clinic planners should decide in advance if symptomatic individuals will be screened and diverted to an alternate site (such as a treatment facility).

Triage staff may need to accompany transport services to perform triage and screening on persons being picked up for transport to mass clinics. All transporters should be vaccinated/prophylaxed prior to participation in clinic activities. Transporters should follow good hand hygiene practices by washing hands or sanitizing with alcohol gel before eating or drinking and as they leave the clinic after a work shift.

Infection Control at Triage Station

People who arrive at the POD with signs or symptoms of the identified infectious disease generally should not be allowed to proceed into the POD and should be directed to a separate triage area where evaluation can occur. They should be given a surgical mask to wear as well as other coverage as indicated in the disease specific appendices.

All triage staff should be vaccinated/prophylaxed prior to participation in clinic activities. Once a triage worker has immunity, only disposable gloves and gowns need to be worn when in direct contact (i.e. touching skin or lesions) with symptomatic persons, or when touching potentially contaminated items or surfaces.

The triage station should be considered a potentially contaminated area, thus no eating, drinking, or storage of food or beverage should be allowed at this station.

Remove and discard all used PPE before leaving the triage area. Discard gloves and other PPE between examining each symptomatic person and wash or sanitize hands. Also decontaminate hands before leaving the clinic site, before eating or drinking, and any time hands may be contaminated.

Surfaces and objects in the immediate area of sick persons should be cleaned and disinfected before the next client occupies the area. Use an Environmental Protection Agency (EPA) registered, hospital-approved disinfectant, following manufacturer's instructions on the label. Also clean and disinfect triage area at the end of each clinic.

Infection Control at Vaccination Station

- All vaccination station staff should be vaccinated prior to participation in clinic activities.
- Wear disposable gloves and gowns or lab coats when handling the vaccine vial and when
- vaccinating. (Wearing and changing gloves is optimal but may not be practical depending on clinic flow and size.) Hands should be washed or sanitized:
    - At initial start up of vaccination
    - After handling the vaccine vial
    - Immediately after removing gloves (ideally gloves should be removed and hands washed between each vaccinee, but time may not permit this practice in a mass clinic setting)

- Vaccine vials should be kept in the stabilizers that come with the vials to help prevent spillage during use, and should be placed on impervious liners to contain spills if they do occur.
- Use an EPA registered, hospital approved disinfectant to clean areas contaminated with spills and to clean surfaces at the end of each clinic. Follow manufacturer's directions for proper cleaning and disinfection. Use paper towels to apply disinfectant and to wipe surfaces.
- Remove PPE and decontaminate hands before leaving the vaccination station.
- Do not eat, drink, apply make-up, or handle contact lenses at this station.
- Food and beverages should not be stored at the vaccination station.
- The fluid in the vaccine vials is highly viscous, making any splashes to eyes or mucous membranes unlikely. However each vaccination station should have a bottle of saline eyewash for use in case of exposure. Use as directed on the bottles. If used, make sure it is replaced for the next clinic.
- All vaccinators are considered to have potential exposure to blood borne pathogens when using needles. Plans should be in place for post-exposure evaluation and testing if percutaneous injuries involving used needles occur, or if other exposures to blood or body fluids occur.
- Place vaccine vials in plastic zip-lock bags labeled with the biohazard symbol when storing in coolers or refrigerators.
- Do not store in refrigerators that contain food or beverages.

Waste Disposal

- Disposable used PPE, used gauze, impervious liners, paper towels, empty vaccine vials, and other contaminated disposable items should be placed into biohazard bags. Bags should be sealed for storage and transport.
- Place all used needles into sharps containers immediately after use. Make sure containers are sealed for transport.
- Biohazard bags and sharps containers should be collected for disposal by a pre-arranged vendor.
- Clinic staff should document the amount of waste collected, date collected, and the name of the vendor who collected the waste.

Appendix 6: Emergency Procedures

Each POD should have clear, written procedures established to deal with emergencies caused by both vaccine or prophylaxis adverse reactions and other reactions that could be triggered by the stress of the incident (e.g. heart attacks, anaphylactic shock, or asthma.) Planners must determine whether to assign additional EMT staff and ambulance separate from any EMT staff and vehicles (ambulances, buses) used to transport triaged persons to treatment facilities. Factors to consider when developing procedures include:

Emergency Resources and Capacity

Identify resources in the jurisdiction and how they may be committed in a public health emergency.

Scale of Event

Consider how an emergency plan may be structured for a mass clinic treating 50, 500 or 10,000 people.

Identify Populations

A clinic vaccinating an elderly population will likely have greater emergency procedure demands than a clinic treating a large population of children. However, those treating large populations of children may need individuals skilled in the specifics of emergency pediatric care.

Dedicated EMT staff and vehicle or Dedicated Emergency Health Professionals

Consider dedicating a physician and nurse per shift. If EMT staff and vehicle are not dedicated to each POD, planners must establish protocols, ensure appropriate medical supplies and have them in place for POD operations. Below is a sample list of medical supplies and equipment that might be needed to respond to a medical emergency at the mass clinic.

Sample List of items needed if EMS is not utilized

- Standing Orders for Emergencies
- "Crash cart" or:
- "Code" kit with defibrillator
- Ampules of epinephrine 1:1000 SQ or EPI pen
- Ampules of diphenhydramine 50mg IM
- 3cc syringes with 1", 25-gauge needles
- 1.5" needles
- Tuberculin syringes with 5/8" needles (for epinephrine)
- Alcohol wipes
- Blood Pressure Cuffs (various sizes)
- Oxygen tank with tubing
- IV Solution and tubing
- Tongue depressors
- Adult and Pediatric pocket masks with One-way valve

- Adult and Pediatric airways
- Tourniquet
- Safety Needles

If these items are provided by the State a transfer form would be used to officially sign the items over to the local clinic. If the items are provided locally then local providers would be responsible for tracking and transfer documentation using established protocol.

Appendix 7: Communications and Public Service Announcements

1. Develop Communication Plans

Internal Communication

Internal communication plans must be developed for:

- Internal communication between POD stations, and
- Communication between POD and external agencies (e.g. local Emergency Management director, local Board of Health, fire, police).

Schools have preexisting emergency plans that may be utilized for communication purposes. Many schools have internal phone systems and/or public address systems and some schools have walkie-talkies.

External Communication to the Public and Media

A plan for providing the population with information about site location and the target population, and any additional information, should be developed and may be an appendix to the local/regional risk communication plan. Patient education materials will be available on the CDC and State web site and/or sent via NH Health Alert Network (HAN). All PODs should use the same patient education materials.

A. Plan what information the public needs to know.

The following information should be communicated to the public in as many languages as needed:

- Target population
- Site location and directions
- Dates and times of operation
- Type of identification to bring, if required
- Length of time the process may take
- Type of clothing to wear
- Culturally appropriate information

It should be clearly stated that those who do not meet the defined criteria would not be treated. If the Emergency Dispensing Site will be identifying and screening for possible disease control contacts, state this clearly in the information provided to the public.

In addition to information about the specific site being publicized, a concerted effort should be made to provide information to the public that emphasizes:

- The rationale for POD strategy
- Disease containment measures are effective
- All possible measures are being taken to prevent the further spread of the disease
- What they can do to help
    - Car pool to sites
    - Check on neighbors and help neighbors with childcare
    - Drive physically disabled, etc.

B. Plan mechanisms for release of all information to the public.

Consider the following guidelines:

- ❒ Start with schools' existing emergency communication plans (e.g. school closing due to weather), if any exist.
- ❒ Develop media lists and contacts
- ❒ To ensure accurate reporting by the media, a list of subject matter experts and media spokespersons from state and local public health and safety agencies, CDC and community partners should be developed and made easily accessible to the media through an approved format.
- ❒ The information disseminated must clearly describe the groups for whom the POD is intended (and not intended), and the rationale for the designations.
- ❒ Using professional public relations assistance when available, announcements should be prepared and released for the television, radio, and newspaper media.
- ❒ If specific groups require additional information, (e.g., to counteract misconceptions about the disease, prophylaxis or treatment of certain groups) site organizers may need to distribute flyers to targeted populations in apartment buildings, neighborhoods, workplaces, schools, and/or religious centers.
- ❒ Consider other outreach and notification strategies as needed, such as reverse 911 calls, setting up a phone bank for public registration and pre-screening, referrals of high risk through local medical practices, and door to door canvassing.

C. Plan a system for determining when and who will come to the dispensing sites.

Consider the following:

- ❒ Unless individuals are to be vaccinated, consider having a household representative go to the Point of Dispensing site. The household representative should know the names, dates of birth, medications individuals are currently receiving, allergies and significant health history for those individuals he/she is representing. In addition, the household representative should know the heights and weights of children he/she is representing to determine the proper dose of liquid medication to be dispensed for the children.
- ❒ If families arrive together they should be kept together if feasible.
- ❒ To determine how to group families, zip codes, alphabetic letters, street names or numbers, rubbish pickup routes, polling districts, or school bus routes may be used to designate a specific date and timeframe for families/family representatives to arrive at the Emergency Dispensing Site.

D. Develop a plan for communicating with special populations:

- ❒ Certain special populations groups (i.e. various language groups) may be asked to come at a specific time and date (i.e. when translator resources are available).
- ❒ If special transportation can be provided for physically disabled or elderly persons, the telephone number for requesting special transportation should be included in all publicity. In-home or institution-based medication dispensing or vaccination may be more appropriate for some segments of the population, as resources allow. In the early phases of large-scale population protection most available resources may be needed to support mass clinics at centralized locations, while individual home visits could be handled as a second phase of response.
- ❒ If necessary, individuals who can be called upon to serve as interpreters should be identified to help inform non-English speakers. This list should note the foreign languages spoken by these individuals. To improve understanding of the subject matter, photographs and graphics should be provided in various media.

E. Develop a plan for securing communication systems and routines

- ❒ Each POD must have a working phone and, preferably, Internet connectivity, so that forms can be accessed and data entered directly into the DHHS database if available.
- ❒ If available, walkie-talkies, cell phones and pagers should be distributed to the dispensing site staff. Replacement batteries and/or battery chargers for each device also should be made available.
- ❒ A list of important phone numbers should be distributed to all POD staff

2. Public Service Announcements

Incident specific Public Service Announcements (PSA's) will be developed in collaboration with the Local Health Officer, DHHS, DOS, and the Center for Disease Control and Prevention at the time of the incident.

PSA's that are incident specific will be made available to local clinic communications coordinators at the time of the incident, however the template will need to be adapted for each clinic location, clinic hours, public health threat, target population, etc.

The sample PSA's that follow are offered for review to help local planners with the basics of PSA message development. Please note that these messages are generally 15 or 30 seconds long.

Public Service Announcement Transcripts – CDC
September 17, 2004

PSA – Preparing for Hurricanes: Prescription Medications (: 15 seconds)
Announcer: As you evacuate, remember to take your prescription medicines with you. Many businesses, including pharmacies, may be closed during and after a hurricane. If you are unable to evacuate and cannot drive, ask a friend or a relative to drive you to pick up items you may need during an emergency, including a week's supply of medication. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Evacuating the Area of a Hurricane – Long Version (:30)
Announcer: If a hurricane warning is issued for your area, or authorities tell you to evacuate, take only essential items. If you have time, turn off gas, electricity, and water. Disconnect appliances to reduce the likelihood of electrical shock when power is restored. Make sure your automobile's emergency kit is ready. You can purchase an emergency kit if you don't have one. Be sure to take prescription drugs with you. Follow the designated evacuation routes – others may be blocked – and expect heavy traffic. To learn more, contact your local emergency management authorities.

PSA – Evacuating the Area of a Hurricane – Short Version (:15)
Announcer: If you evacuate because of an oncoming hurricane, take only essential items. Make sure your automobile's emergency kit is ready. Be sure to take prescription drugs with you. Turn off gas, electricity, and water, and disconnect appliances. Follow designated evacuation routes. To learn more, contact your local emergency management authorities.

PSA – Carbon Monoxide – Long Version (:30)
Announcer: During a power outage, running power generators or other devices can lead to deadly carbon monoxide poisoning. Carbon monoxide is an odorless, colorless, tasteless gas that kills more than 500 American every year. Never use generators, grills, camp stoves, or other gasoline-, charcoal-, or propane-burning devices inside your home, basement, garage, or carport,

or outside near an open window. If your home is damaged, stay with friends or family or in a shelter. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Carbon Monoxide – Short Version (:15)

Announcer: Never use generators, grills, camp stoves, or other gasoline-, propane-, or charcoal-burning devices inside your home, garage, or carport. They produce carbon monoxide, which can kill you. If your home is damaged, stay with friends or family or in a shelter. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Staying Safe in Your Home during a Hurricane – Long Version (:30)

Announcer: If emergency personnel recommend that you evacuate your home because of an oncoming hurricane, follow local emergency management instructions. If you are unable to evacuate through the duration of a hurricane, there are things you can do to protect yourself. Seek shelter in a basement or in an interior room with no windows. Stay away from all windows and exterior doors. Monitor the radio or television for weather reports. Listen to reports on a NOAA weather radio if one is available. Stay indoors until the authorities declare the storm is over. Do no go outside – even if the weather appears to have calmed. Strong winds can resume quickly. Evacuate to a shelter or to a neighbor's home if your home is damaged or if emergency personnel instruct you to do so. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Staying Safe in Your Home During a Hurricane – Short Version (:15)

Announcer: If you stay in your home through a hurricane, there are things you can do to protect yourself. Monitor the radio or television for weather reports. Stay indoors until the storm is over. Seek shelter in a basement or in an interior room with no windows. Stay away from all windows and exterior doors. Evacuate to a shelter or to a neighbor's home if your home is damaged or if emergency personnel instruct you to do so. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Electrical Safety – Long Version (:30)

Announcer: During hurricanes, power outages and flooding can cause electrical hazards. Never touch a downed power line or anything in contact with a downed power line. Contact the utility company before performing work near a downed power line. If a power line falls on your car, remain in your car unless the car catches fire or until authorities tell you to get out. Shut off electricity and natural gas in your home. Don't turn the power back on until equipment has been inspected by a qualified technician. Don't touch a person who appears to have been electrocuted without checking to see whether the person is still in contact with the electrical source. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Electricity Safety – Short Version (:15)

Announcer: During hurricanes, power outages and flooding can cause electrical hazards. Never touch a downed power line or anything in contact with a downed power line. If a power line falls on your car, remain in your car unless the car catches fire or until authorities tell you to get out. Don't touch a person who has been electrocuted without checking to see whether the person is still in contact with the electrical source. To learn more, call the CDC at 1-808-CDC-INFO.

PSA – Mold Prevention – Long Version (:30)

Announcer: Rain or floodwaters that get into buildings can create conditions that enable mold to grow. You can take steps to prevent mold growth. Make repairs to stop water from entering the building. Clean and dry wet items within 48 to 72 hours. Keep wet areas well ventilated. Discard materials that retain water and can't be repaired, including damaged building material. If you see or smell mold, clean it with a solution of 1-cup household bleach per 1 gallon of water. To learn more, call the CDC at 1-800-CDC-INFO.

PSA – Mold Prevention – Short Version (:15)

Announcer: When rain or floodwaters get into buildings, take steps to prevent mold growth. Clean and dry wet items within 48 to 72 hours. Air out wet areas. Discard materials that can't be repaired. Clean mold with a solution of 1-cup household liquid bleach per 1 gallon of water. To learn more, call the CDC at 1-800-CDC-INFO.

Checklist for Public Outreach

Once the POD and target population has been determined, the following steps will be initiated to publicize and optimize attendance at the mass clinic(s):

- Obtain broadcast and print media assistance from the State and Local EOCs.
- Consider method to organize the population to attend based on risk categories, SSN, phone #, zip code, etc.
- Advise whom the clinic is intended for and for whom it is not intended.
- Advise public as to what to bring with them for identification.
- Advise as to how to access POD via public/private transportation, if available.
- Notify the public of services available to special needs populations, including but not limited to transportation for physically handicapped or elderly persons, if available.
- Advise public of hours of POD operations.
- Advise public (if applicable) that vaccination/prophylaxis is free of charge at mass clinics
- Advise public that undocumented residents will not be at risk of deportation if present at mass clinic.
- Draft releases for television, radio, and print media, should be placed in ***Appendix 7***. These announcements should be developed in multiple languages.
- If indicated, set up local phone bank for screening and scheduling people for prophylaxis.

During a public health emergency, the health department may also choose to establish a hot line to respond to queries from the public at large. If available, City Watch, or reverse-911 systems may be used to notify via telephone those individuals with a listed number in a particular zip code or a specific geographic area if a public health emergency should occur. The system allows a pre-recorded message to be delivered simultaneously to hundreds of telephones. The message could instruct people e.g., where to go for immunization/prophylaxis, whether to "shelter-in place", or when an area has been decontaminated. The clinic PIO should also provide information to local agencies that offer information and referral services.

Appendix 8: Demographics

POD Operations Planning Demographic Data

Information should be used from this appendix based on what is most relevant to local communities. This data can be used during pre-planning and on-site planning during an event. in case of contingencies. This data should be used to plan client flow at the clinic, including:

- Estimated population for the site
- Segments of the population targeted for vaccination in stages
- Strategies for contacting and screening various segments
- Number of vaccination/dispensing stations
- Length and number of shifts
- Patient flow rates

Demographics

Local planners are advised to review census data for their hospital service area (H.S.A.) and to break out this data for the following groups:

- Percent population home-bound or in institutions
- Elderly (65+)
- Children
- Non-English speaking (types of languages)
- English as a second language populations
- Other special populations
- Police, fire, healthcare workforce

It is also advisable to identify high-density areas that include buildings, residential facilities and other locations that by design contain a large number of persons every day. This may include colleges, universities, airports, large apartment/condo complexes, large businesses or facilities with non-transportable populations such as nursing homes, hospitals and prisons.

The local plan should list these locations along with contact information. Review this information to determine and indicate vaccination/dispensing priorities such as sending vaccination/dispensing teams to a high-density facility. The information may be organized as shown in the chart that follows.

Location Name:
Address:
Point of Contact:
Phone: Cell Phone:
Fax: E-mail:
Population/Capacity:
Special Population Notes: (Deaf, disabled, elderly, hours of operation, etc.)

Demographic Data by Hospital Service Area:

Population data has been provided in this section by DHHS for local planners to use when assessing the optimal clinic capacity and access strategy for the target populations in their community. Hospital Service Areas (H.S.A) have been used in previous planning efforts as the line of division to distinguish one clinic catchment area from another. It may be necessary to break data into further sub-components for regional plans that cross H.S.A.'s.

Other Special Populations within H.S.A.'s

DHHS will also work towards providing a data set that includes estimates of particular population segments within H.S.A.'s. The prioritization of which population segments would need to be served first, second, etc. will depend on the public health threat. This determination will be made in consultation with State authorities using the best available epidemiological data as events unfold. However, it is advised that local planners consider how they would reach out and serve specific groups and that this be considered well in advance of an actual event.

Additional Data:

For assistance with accessing additional data, contact the NH DHHS at 271-4482.

Vaccine Priority Group Estimates

Based on the Health and Human Services Pandemic Influenza Plan[1]; following priority groups at high risk of influenza complications have been defined: Please note that these prioritizations may be altered by the State at the time of an event.

Tier 1 populations:

- Persons >65 years with 1 or more influenza high-risk conditions, not including essential hypertension (approximately 6.5% of total population (TP)
- Persons 6 months to 64 years with 2 or more influenza high-risk conditions, not including essential hypertension (app. 2.5% of TP)
- Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk condition in the past year (app. 0.3% of TP)
- Pregnant women (app. 1.1 % of TP)
- Household contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine (app. 0.9% of TP)
- Household contacts of children < 6 months (app. 1.8% of TP)

Tier 2 populations:

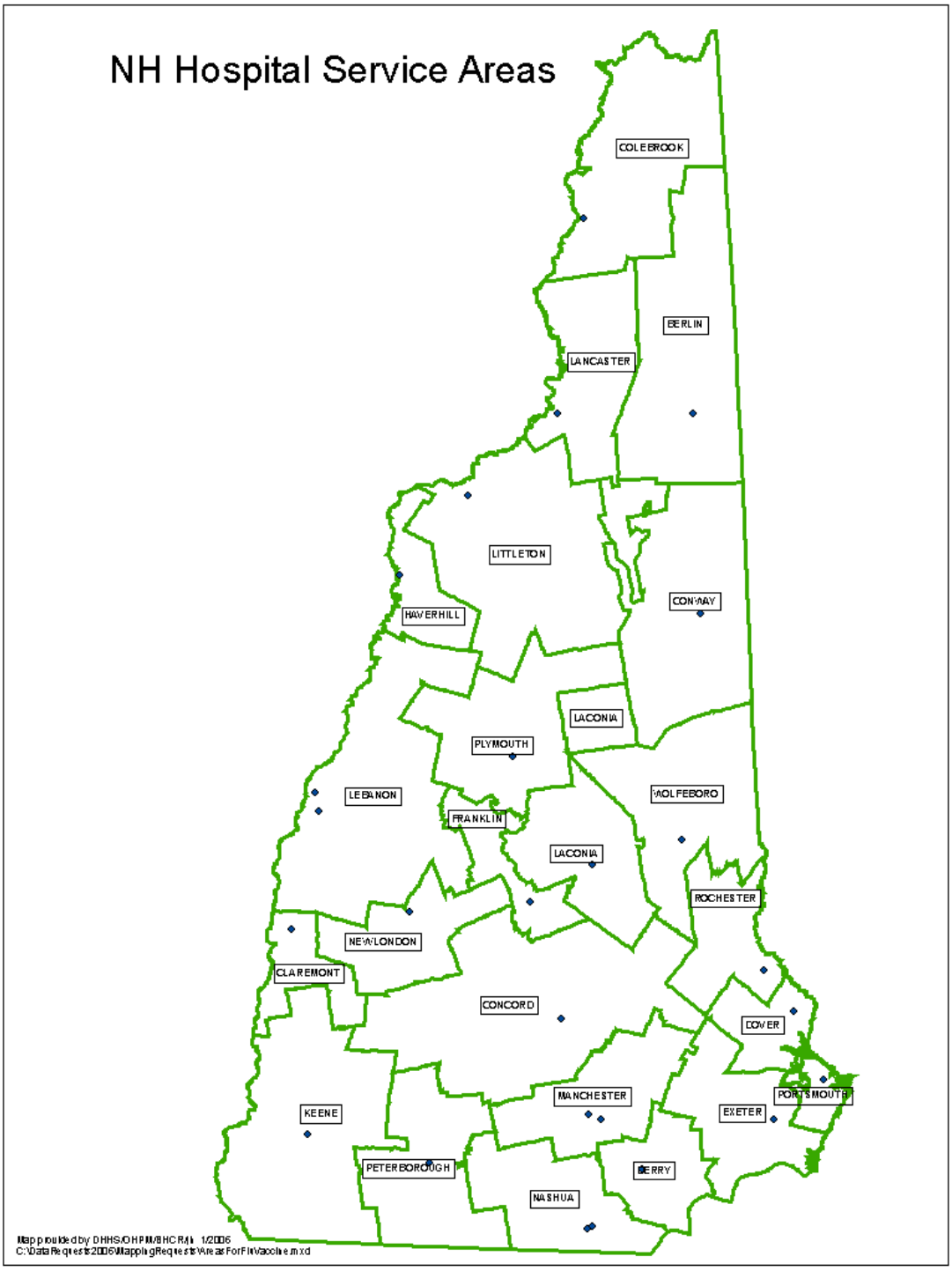
- Healthy 65 years and older (app. 6.3% of TP)
- 6 months to 64 years with 1 high-risk condition (app. 12.7% of TP)
- 6-23 months old, healthy (app. 2.0% of TP)

Attached is a map of Hospital Service Areas, population risk group estimates by these service areas, as well as a list of towns within them. We welcome your comments and suggestions regarding Hospital Service Areas (functioning, practicality, usefulness…) as well as your input on defined risk groups (too narrow, too broad…)

Please address your comments to:

Ludmila Anderson, Epidemiologist, 271-4473, landerson@dhhs.state.nh.us

[1] NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccine and NVAC Recommendations on Pandemic Antiviral Drug Use


NH Hospital Service Areas
COLEBROOK
BERLIN
LANCASTER
LITTLETON
HAVERHILL
CONWAY
LACONIA
PLYMOUTH
LEBANON
WOLFEBORO
FRANKLIN
LACONIA
ROCHESTER
NEWLONDON
CLAREMONT
CONCORD
DOVER
MANCHESTER
PORTSMOUTH
EXETER
KEENE
PETERBOROUGH
BERRY
NASHUA
Mapp pulled by DHHS/OHPM/BHCRU 1/2006
C:\Data Requests\2006\Mapping Requests\Areas For Flu Vaccine.mxd

Hospital Service Area	Population 2004	>65 with ≥ 1 high risk condition	6m-64y with ≥ 2 high risk condition	> 6m with hosp for high risk con prev year	pregnant women	household contacts of immuncomp	household contacts of < 6 m	Total Tier 1	>65, healthy	6m-64y with 1 high risk condition	6-23m, healthy	Total Tier 2	Total Tier 1+2
Berlin	16,949	1,102	424	51	186	153	305	2,220	1,068	2,153	339	3,559	5,780
Claremont	21,799	1,417	545	65	240	196	392	2,856	1,373	2,768	436	4,578	7,433
Colebrook	5,421	352	136	16	60	49	98	710	342	688	108	1,138	1,849
Concord	130,512	8,483	3,263	392	1,436	1,175	2,349	17,097	8,222	16,575	2,610	27,408	44,505
Conway	19,084	1,240	477	57	210	172	344	2,500	1,202	2,424	382	4,008	6,508
Derry	85,570	5,562	2,139	257	941	770	1,540	11,209	5,391	10,867	1,711	17,969	29,178
Dover	65,487	4,257	1,637	196	720	589	1,179	8,579	4,126	8,317	1,310	13,752	22,331
Exeter	100,881	6,557	2,522	303	1,110	908	1,816	13,215	6,356	12,812	2,018	21,185	34,400
Franklin	12,858	836	321	39	141	116	231	1,684	810	1,633	257	2,700	4,385
Haverhill	6,590	428	165	20	72	59	119	863	415	837	132	1,384	2,247
Keene	64,969	4,223	1,624	195	715	585	1,169	8,511	4,093	8,251	1,299	13,643	22,154
Laconia	67,088	4,361	1,677	201	738	604	1,208	8,789	4,227	8,520	1,342	14,088	22,877
Lancaster	8,227	535	206	25	90	74	148	1,078	518	1,045	165	1,728	2,805
Lebanon	51,602	3,354	1,290	155	568	464	929	6,760	3,251	6,553	1,032	10,836	17,596
Littleton	18,917	1,230	473	57	208	170	341	2,478	1,192	2,402	378	3,973	6,451
Mass Border	69,871	4,542	1,747	210	769	629	1,258	9,153	4,402	8,874	1,397	14,673	23,826
Manchester	182,931	11,891	4,573	549	2,012	1,646	3,293	23,964	11,525	23,232	3,659	38,416	62,379
Nashua	193,922	12,605	4,848	582	2,133	1,745	3,491	25,404	12,217	24,628	3,878	40,724	66,127
New London	16,955	1,102	424	51	187	153	305	2,221	1,068	2,153	339	3,561	5,782
Peterborough	37,650	2,447	941	113	414	339	678	4,932	2,372	4,782	753	7,907	12,839
Plymouth	16,208	1,054	405	49	178	146	292	2,123	1,021	2,058	324	3,404	5,527
Portsmouth	31,259	2,032	781	94	344	281	563	4,095	1,969	3,970	625	6,564	10,659
Rochester	48,331	3,142	1,208	145	532	435	870	6,331	3,045	6,138	967	10,150	16,481
Wolfeboro	26,419	1,717	660	79	291	238	476	3,461	1,664	3,355	528	5,548	9,009
													443,128

Estimates based on U.S. Census Bureau annual estimates for minor civil divisions in NH for year 2004

HSA Berlin	
Town	Population
Bean's Purchase	4
Berlin	10,484
Cambridge	10
Dummer	312
Errol	294
Gorham	2,918
Greens Grant	1
Kilkenny	1
Martins Location	1
Milan	1,379
Millsfield	22
Pinkhams Grant	1
Randolph	343
Sargent's Purchase	1
Shelburne	387
Success	2
Wentworths Location	789
Total	16,949

HSA Claremont	
Town	Population
Charlestown	4,929
Claremont	13,344
Goshen	801
Lempster	1,064
Unity	1,661
Total	21,799

HSA Colebrook	
Town	Population
A & G Grant	12
Clarksville	294
Colebrook	2,377
Columbia	789
Dartmouth College Grant	
Dix's Grant	1
Dixville Township	75
Ervings Location	1
Odell	5
Pittsburg	863
Second College Grant	1
Stewartstown	1,003
Total	5,421

HSA Concord	
Town	Population
Allenstown	4,970
Barnstead	4,433
Boscawen	3,813
Bow	7,961
Bradford	1,513
Canterbury	2,222
Chichester	2,482
Concord	42,345
Deering	1,985
Dunbarton	2,484
Epsom	4,421
Henniker	4,817
Hillsborough	5,274
Hopkinton	5,602
Loudon	4,997
Northwood	3,890
Pembroke	7,260
Pittsfield	4,319
Salisbury	1,236
Warner	2,949
Washington	1,010
Weare	8,542
Webster	1,777
Windsor	210
Total	130,512

HSA Conway	
Town	Population
Albany	701
Bartlett	2,884
Beans Grant	1
Chandlers Purchase	1
Chatham	263
Conway	9,093
Crawfords Purchase	1
Cutts Grant	1
Eaton	409
Hadleys Purchase	1
Hale's Location	59
Harts Location	41
Jackson	879
Livermore	3
Low and Burbanks Gr	1
Madison	2,205
Tamworth	2,540
Thompson and Mesen	1
Total	19,084

HSA Derry	
Town	Population
Derry	34,371
Hampstead	8,700
Londonderry	24,406
Sandown	5,641
Windham	12,452
Total	85,570

HSA Dover	
Town	Population
Barrington	8,071
Dover	28,495
Durham	12,904
Madbury	1,633
Rollinsford	2,648
Somersworth	11,736
Total	65,487

HSA Exeter	
Town	Population
Brentwood	3,686
Danville	4,327
East Kingston	2,107
Epping	6,023
Exeter	14,709
Fremont	3,875
Hampton	2,002
Hampton Falls	15,363
Kensington	2,035
Kingston	6,216
Lee	4,399
Newfields	1,597
Newmarket	8,880
North Hampton	4,574
Nottingham	4,169
Raymond	10,027
Stratham	6,892
Total	100,881

HSA Franklin	
Town	Population
Bristol	3,093
Franklin	8,683
Hill	1,082
Total	12,858

HSA Haverhill	
Town	Population
Bath	928
Benton	322
Haverhill	4,495
Monroe	845
Total	6,590

HSA Keene	
Town	Population
Acworth	882
Alstead	2,019
Chesterfield	3,783
Fitzwilliam	2,278
Gilsum	806
Harrisville	1,109
Hinsdale	4,219
Keene	22,955
Langdon	637
Marlborough	2,077
Marlow	781
Nelson	651
Richmond	1,154
Roxbury	242
Stoddard	983
Sullivan	763
Surry	677
Swanzey	7,086
Troy	2,051
Walpole	3,704
Westmoreland	1,857
Winchester	4,255
Total	64,969

HSA Laconia	
Town	Population
Alexandria	1,430
Ashland	1,987
Belmont	7,230
Bridgewater	1,055
Center Harbor	1,073
Gilford	7,436
Gilmanton	3,455
Laconia	17,133
Meredith	6,493
Moultonborough	4,892
New Hampton	2,184
Northfield	4,922
Sanbornton	2,854
Sandwich	1,339
Tilton	3,605
Total	67,088

HSA Lancaster	
Town	Population
Jefferson	1,036
Lancaster	3,338
Northumberland	2,412
Stark	510
Stratford	931
Total	8,227

HSA Lebanon	
Town	Population
Canaan	3,400
Cornish	1,756
Croydon	712
Enfield	4,800
Grafton	1,126
Grantham	2,442
Hanover	11,124
Lebanon	12,655
Lyme	1,702
Newport	6,472
Orange	312
Orford	1,077
Piermont	695
Plainfield	2,427
Warren	902
Total	51,602

HSA Littleton	
Town	Population
Bethlehem	2,332
Carroll	725
Dalton	921
Easton	274
Franconia	990
Landaff	372
Lincoln	1,280
Lisbon	1,634
Littleton	6,116
Lyman	515
Sugar Hill	586
Whitefield	2,007
Woodstock	1,165
Total	18,917

HSA Manchester	
Town	Population
Auburn	5,037
Bedford	20,480
Candia	4,143
Chester	4,565
Deerfield	4,019
Goffstown	17,536
Hooksett	13,064
Manchester	109,310
New Boston	4,777
Total	182,931

HSA Mass Border	
Town	Population
Atkinson	6,638
Newton	4,464
Pelham	12,310
Plaistow	7,809
Salem	29,399
Seabrook	8,376
South Hampton	875
Total	69,871

HSA Nashua	
Town	Population
Amherst	11,566
Brookline	4,606
Hollis	7,603
Hudson	24,310
Litchfield	8,130
Lyndeborough	1,748
Mason	1,269
Merrimack	26,577
Milford	14,558
Mont Vernon	2,303
Nashua	87,411
Wilton	3,841
Total	193,922

HSA New London	
Town	Population
Andover	2,190
Danbury	1,100
New London	4,393
Newbury	1,888
Springfield	1,074
Sunapee	3,258
Sutton	1,754
Wilmot	1,298
Total	16,955

HSA Peterborough	
Town	Population
Antrim	2,546
Bennington	1,450
Dublin	1,552
Francestown	1,575
Greenfield	1,724
Greenville	2,230
Hancock	1,802
Jaffrey	5,733
New Ipswich	4,976
Peterborough	6,069
Rindge	6,137
Sharon	369
Temple	1,487
Total	37,650

HSA Plymouth	
Town	Population
Campton	2,841
Dorchester	348
Ellsworth	86
Groton	469
Hebron	480
Holderness	2,048
Plymouth	6,225
Rumney	1,451
Thornton	1,949
Waterville Valley	268
Wentworth	43
Total	16,208

HSA Portsmouth	
Town	Population
Greenland	3,390
New Castle	1,038
Newington	797
Portsmouth	20,786
Rye	5,248
Total	31,259

HSA Rochester	
Town	Population
Farmington	6,296
Middleton	1,609
Milton	4,298
New Durham	2,418
Rochester	29,757
Strafford	3,953
Total	48,331

HSA Wolfeboro	
Town	Population
Alton	4,962
Brookfield	656
Effingham	1,325
Freedom	1,418
Ossipee	4,523
Tuftonboro	2,363
Wakefield	4,600
Wolfeboro	6,572
Total	26,419

Estimates based on U.S. Census Bureau annual estimates for minor civil divisions in NH for year 2004

Disease Response Chart – Use for estimate of clinic response time.

Pathogen	**Disease**	**Vaccine/ Prophylactic**	**Indications**	**Time interval**
Haemophilus influenzae type b	Invasive Hib	Rifampin	Household, nursery school and child care contacts under specific considerations	See Red Book* for specifics
Hepatitis A virus	Hepatitis A	Immune Globulin	Close personal contacts	Within 2 weeks of last exposure to Hepatitis A case
Neisseria meningitidis	Invasive meningococcal disease	Rifampin	Close personal contacts	Within 24 hours of diagnosis of the primary case
Bordetella pertussis	Pertussis	Erythromycin	Close personal contacts under specific considerations	See Red Book for specifics
Rabies virus	Rabies	Rabies Immune Globulin Human rabies vaccine	Infectious exposure to rabid animal or human with rabies	As soon as possible after exposure

* Pickering LK, ed., *Red Book: 2003 Report of the Committee on Infectious Diseases*. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003

Appendix 9: Point of Dispensing Checklists

Implementing Point Of Dispensing (POD) Site(s): A Checklist

1. Activate Incident Command Structure and Notify Stakeholders

- ❑ Activate Incident Command Structure

Notify

- ❑ Planning group
- ❑ Political leaders
- ❑ Site (s)
- ❑ Hospitals (Review plan for transfer of patients should the need for additional beds arise)
- ❑ Health centers (Obtain any additional assets that can be used in an emergency)
- ❑ Long term care facilities (Obtain assets wheelchairs, buses, etc. that can be used in an emergency)
- ❑ EMS (Will they be utilized on-site and/or for transport?)
- ❑ Visiting nurse agencies (Identify staff that can assist)
- ❑ Local Fire, Public Safety, schools, civic organization
- ❑ Volunteers
- ❑ Neighboring communities

2. Prepare to Operate Point of Dispensing (POD) Site

- ❑ Assess the need for additional assets – determine source of assets
- ❑ Contact State Emergency Operations Center (SEOC) if needed
    - ❑ Review event-specific standing orders, patient education materials and clinic forms. Event-specific materials will be provided by DHHS and/or DOS.
- ❑ Obtain signature for standing orders
- ❑ Begin reproduction (copying) of all materials OR contact business that will make copies
- ❑ Determine start of prophylaxis
- ❑ Assign Clinic Site Coordinator
- ❑ Assign additional coordinators
- ❑ Arrange for the opening of all facilities to be used
- ❑ Arrange for the closure of same facility for other purposes

3. Set-up Point of Dispensing (POD) Site(s)

Set up Point of Dispensing (POD) Site(s)

- ❒ Assure all supplies are in place (see list)
- ❒ Mark/Delineate traffic patterns
- ❒ Obtain buses, drivers if staging area used
- ❒ Organize public transportation system if it is to be used
- ❒ Obtain barriers, cones, etc. for parking and traffic control
- ❒ Obtain walkers, wheelchairs for use in clinics

- ❒ Label all rooms at facilities including rest rooms
- ❒ Mark entrances and exits with large, clear signs
- ❒ Prepare screening, dispensing rooms
- ❒ Arrange for EMT/EMS support for emergencies (EMT with to-go kit, EMS on site)
- ❒ Arrange for facility engineering and janitorial support
- ❒ Prepare refrigerator and /or space for receipt of prophylaxis
- ❒ Test back-up electrical power capabilities
- ❒ Set-up system for communication between stations (walkie-talkie, phone, etc.)
- ❒ Test Internet and phone and other communication tools capability
- ❒ Determine points for measuring benchmarks for clinic assessment

Demographic Considerations

- ❑ Review resident population data
- ❑ Identify translators for most used languages (as well as resources for translations of materials)
- ❑ Prepare to use phone based translation resource Language Line, a service that offers language translation by phone is available by calling 1-800-752-0093 or on-line at: info@languageline.com or: http://www.Languageline.com. Users should set up an account (allow 24-48 hours for this).
- ❑ Identify any visiting population
- ❑ Identify Special Populations and their needs
- ❑ Plan for alternative mechanisms and timeline to provide prophylaxis to identified segments of the population. DHHS will provide guidance for which groups should receive priority.
- ❑ Consider outreach strategies for segments of the population, including:
    - o Essential personnel needed to sustain vital services
    - o Children and families
    - o Homebound
    - o Residents of Indian reservations
    - o Prisoners
    - o Homeless
    - o Elderly Housing residents
    - o Long-term care facility residents
    - o Hospital patients and health care workers
    - o People with medical conditions that increase their risk from disease
    - o Students and teachers at schools and colleges
    - o Child care centers
    - o Immigrant populations (languages, ability to connect with)

Security Considerations

- ❑ Gather team
- ❑ Develop schedule
- ❑ Assign traffic control members
- ❑ Mechanism to receive state/federal assets
- ❑ Prepare and distribute ID's
- ❑ Assign site security members
- ❑ Internal
- ❑ External

Communications

- ❒ Follow pre-established risk communication plan
- ❒ Notify community of clinic location
- ❒ Notify community of target group prioritization and methodology of attendance
- ❒ Determine timing of press events
- ❒ Notify media lists and contacts
- ❒ Review communication from DHHS and DOS (re: agent, protection, treatment for the public)
- ❒ Review materials for communication with the media
- ❒ Identify and prep a clinic site media spokesperson

Staffing

- ❑ Prepare staffing charts (forms are provided with this manual)
- ❑ Estimate number of volunteers available
- ❑ Review licensures of all professional staff
- ❑ Assign staff and clarify reporting/supervision (ICS) structure
- ❑ Obtain regulations regarding retired providers, assign these roles
- ❑ Obtain any additional emergency regulation changes, assign associated staff
- ❑ If needed develop a mechanism to inform public of need for volunteers
    - Newspaper articles
    - Local meetings
    - Websites
- ❑ Document names of all volunteers and shifts worked

Workforce Protection

- ❑ Provide prophylaxis for staff
- ❑ Utilize this opportunity to practice plan
- ❑ Make any changes to plan based on lessons from providing prophylaxis to workforce, share with all volunteers

4. Commence POD Operations

- ❒ Assess daily using benchmarks evaluation and debriefings as shifts end
- ❒ Document issues and make adjustments as needed

Documentation

- ❑ Document costs daily
- ❑ Collect data on all participants of the POD
- ❑ Transmit data as able (internet system versus hard copy of data)
- ❑ Maintain all records

Appendix 9 (Continued): POD Site Design Checklist

The following summarizes the areas included in the site design. Specific dimensional requirements are listed if available.

Clinic Function	Location
Greeting	
Triage	
Registration	
Patient Education	
Screening	
Counseling	
Dispensing/Vaccinating	
Checkout	

General	Location
Parking	
Receiving Area	
Storage	
Kitchen Area	
Staff Staging	
Pharmaceutical Staging	
Finance and Administration	
Incident Command	
Extra space	
First Aid Station	
Media/VIP Briefing Room	

Guidelines and Recommendations for POD Design

Make sure all areas are accessible to those with special needs (physical, site, cultural, etc). Use tape on floor and signage to guide people through the POD. Hang signage high enough for maximum visibility. Avoid hanging signs from tables. Consider using different colors per stage in the clinic to help route and direct clients.

Registration Area

Clients will enter through the registration area, and will check-in. Clients will receive a full-set of information and forms to use through the remainder of the clinic. Packets and clients will be connected by a common number assigned at registration. Consider special needs of population, including handicap accessibility, language barriers and guidance for the visually impaired.

Consider using rope to establish lines. Post signs to initially direct everyone to the registration area.

Triage

Divert symptomatic clients immediately! Clients who appear symptomatic, or who may be considered symptomatic upon registering will be sent to a triage area. This area should be closed from the other staging areas to control the spread of any possible disease. The area should be accessible to paramedics, EMTs or others that may need to transport clients to another facility. Medical professionals will perform a basic medical exam to determine appropriate triage for the client. Consider having at least 2-4 private rooms available.

Patient Education

The education area will be used to simultaneously present patient education (likely video) to multiple clients in multiple rooms. Ideally include a series of 4-5 contiguous rooms that would comfortably seat a minimum of 25 persons each. They should be conducive to watching a 15-20 minute educational video. Some Plans may consider having the education video playing during registration. This would combine two of the stages. This should be carefully considered, because it will be more difficult to answer questions in a larger audience, and ensure that everyone has watched the video in its entirety. Maintaining as a separate stage also helps manage the client flow.

Screening and Counseling

After observing the education video, clients will review their information with a medical professional. The number of screening tables is relative to the number of vaccination/dispensing stations. The screening area must be able to provide privacy for each medical screener and client. It should also have enough space should a family receiving screening at the same time. This can be created using partitions. The counseling area should be adjacent to the screening area, but separate. It should also allow privacy, and is intended for individuals. A waiting area outside of the counseling area should be available in the event two or more persons do not want to be separated during the process. Contact and household member evaluation also performed at this stage. Make sure clients sign consent forms at this stage.

Dispensing and/or Vaccinating Stations

Make sure the client has signed the consent before beginning. Consider special lines for families, disabled and elderly. The stations used for vaccinating or dispensing must be able to accommodate the number of stations anticipated for the POD. Each station requires an area for a table, chairs and supplies. These stations are not required to be side-by-side, and can be set-up in any pattern. Record information as appropriate, on paper, for later entry into database. For vaccinating, make sure client has received VIS. Note, for dispensing, lines with children may take longer as pediatric dosing takes longer than adult dosing.

Check-out

Staff will review all documentation, and stamp client's hand or paperwork if necessary. Staff will also review follow-up items as necessary, and answer any final client questions. The number of required tables for checkout is relative to the number of stations. Each checkout table requires an area. to accommodate a table and chairs. The check out area should flow to the exit.

Parking

If transportation to the POD is not available, parking should be available adjacent to the POD location. Whether or not a parking lot or structure is available, additional parking options should be considered for over-flow. Additional parking space could be made available on a field or yard. Depending on the season, plowing or sanding may be required. If parking in a field, and wet, consider having gravel delivered to the lot to maintain the lot's integrity.

Receiving Area

Area will be used to receive all supplies and equipment. The doors to the area must be able to accommodate all packages received (estimated at 18x18x18inches). The area must be tightly secured, and should only be accessible to authorized staff.

Storage

The storage area will be used for pharmaceuticals, medical and non-medical supplies. Refrigeration must be available for vaccines. Entry into the storage area must be secure, and only accessible to authorized staff.

Kitchen Area

A kitchen area would be used to prepare food and beverages for staff, volunteers and clients. Refrigeration should be available depending on the food and beverages to be served. Coolers and ice can be used if a refrigerator is not available. Food must be able to be stored. And there must be ample room to prepare the food for serving.

Staff Staging

This area will be used for all staff to report in and out of the clinic. It should be accessible from an entrance other than the clinic's public entrance. It must accommodate at least 2 shifts of persons, and should have at least adjacent 2 training rooms that can accommodate up to 75 people.

Pharmaceutical Staging Area

The area would be used by the pharmacy manager and anyone under their authority. Space would be used to stage pharmaceuticals used during the clinic's operation. Space must accommodate equipment, power and environmental needs (temperature, humidity). The room should be secure, but accessible.

Finance and Administration

The area should be separate from the POD operations area, but easily accessible to those requesting inventory and the staff staging area. The area should also be able to support a photocopier, printer, fax machine, computer and phone line.

Incident Command

Requires space for the command staff to meet. The area should also be able to support a photocopier, printer, fax machine, computer and phone line. If possible, both the incident commander and PIO should have access to a private room with phone to communicate with the EOC, media or JPIC.

Extra Space

Identify significant unused space within the facility and identify potential use. This space may be used during contingency planning.

First Aid Station

This station is intended to provide all care for all injuries and needs un-related to the agent. The area will primarily support staff and volunteers working at the clinic, but may be used to provide first aid to patients. Asymptomatic and non-contagious patients should be cared for at the first aid station (to avoid contact with symptomatic patients in the triage area). The Safety Officer will manage the area.

Press/VIP Briefing Room

Managed by the PIO. To be used to contain media and VIPs if they arrive on-site. If necessary, this will be the location for press conferences or briefings. Preference would be to hold these events off-site as much as possible.

General Supplies List

General Supplies and Equipment	Suggested Emergency Supplies
"TO GO" Kit (Basic first aid kit, flashlight, kept with site commander) Tables Chairs Water and cups Antibacterial hand washing solutions; alcohol based hand hygiene preparations (containing 60% or more alcohol Paper Pens, pencils Envelopes (large and small) Manila folders Rubber bands Tape Stapler/staples Scissors Post-it Notes Clipboards File boxes Telephone Paper towels Kleenex tissue Table pads and clean paper to cover tables for work sites Garbage containers and trash bags Biohazard bags ID badges for staff List of emergency phone numbers	Adult and pediatric standing orders for emergencies Ampoules of epinephrine 1:1000 IM Ampoules of diphenhydramine 50 mg IM 3cc syringes with 1", 25-gauge 1.5" needles Tuberculin syringes with 1" needles (for epinephrine) Alcohol wipes Tongue depressors Adult and pediatric pocket masks with one-way valve Adult and pediatric airways Sphygmomanometer with all sizes of cuffs Tourniquet Gurney Stethoscope Flashlight Cots Blankets Pillows
Crowd Management Supplies	**Computer Equipment and Supplies**
Signs for identifying each POD station Directional signs throughout the facility (A system to keep people in lines)	Computers Printers & extra printer cartridges Paper Internet access
Vaccine Administration Supplies	**Medication Dispensing Supplies**
Vaccine cooler/ refrigerator Sharps containers Latex gloves Latex-free gloves Antibacterial hand washing solutions Acetone Rectangle band-aids Gauze Adhesive tape Spray bottle of bleach solution Hazardous Medical Waste bags	Drinking water so that recipients can take their first dose at the dispensing site Small paper cups

Staff Who Can Administer Vaccine:

Professional Position Name	Initials	Notes
Advanced Registered Nurse Practitioner	ARNP	
Doctor of Osteopathy	DO	
Dentist	DMD	
Medical Doctor	MD	
Licensed Practical Nurse	LPN	
Physicians Assistant	PA	**Under the supervision of the MD they currently work for (Can be available by phone)**
Paramedic		**First Responders, EMT Basic, or EMT Intermediate may not.**
Podiatrist		
Registered Nurse	RN	
Veterinarian	DVM	
Medical Assistant	MA	**Under supervision of MD.**

NOTE: Pharmacists may not administer vaccines in NH.

The "How To" Of Starting A Hotline

1. Designate one person to be in charge of the hot line.

a. Designate one person to change your phone hotline message daily.

2. Telephone items:

b. 800 number or not?

c. 6 phone lines with roll over capacity.

d. Ideal would be to have a 7th line that is not connected to the roll over lines. Supervisor will then be able to make and receive calls without using a roll over line.

e. Will caller get busy signal if all the lines are in use? Will you be able to have them wait on line until an operator is available?

3. Staffing:

f. Hours of operation of hotline to determine staffing needs. *Two-hour shifts seem to work out well for volunteers.*

g. Number of shifts in a day.

h. Designate shift leaders to act in a supervisory capacity.

i. Have mental health professionals available to answer calls when it is necessary.

j. Where is your pool of volunteers going to come from? *Town civic organizations may be willing to do this.*

k. Food and water for staff. *This item is very necessary, especially the water.* Where will the food and water come from? Is there a civic group that may be able to help you with this?

4. Training:

l. Prepare training materials- See samples.

   i. It will help if volunteers have a script to follow.

   ii. Provide information sheets of factual material that will be helpful to volunteers. See samples. The more the volunteers know about the situation the easier it will be for them to answer questions.

5. Message for the hotline:

m. See sample instructions for a flu hotline message. *Any message prepared for a hotline voicemail should be as <u>simple</u> and as <u>short</u> a possible.* .

n. Will the hotline number be direct access to a person when used? Or will callers have to listen to a message before they speak to an operator?

o. Will the hotline number have a message on it during the hours it is not in operation?

p. Will the caller have the option of leaving a message during the hours that the hotline is not in service? *If you are having a large number of calls this may not be possible because the volunteers will not have the time to do the call backs.*

6. Printed materials:

q. Hotline Call Log. See Sample.

r. General talking points for volunteers. See sample.

s. Information sheets. This would include managing stress sheet. See sample.

Sample Template For Hotline

A general template that was used by DHHS during the flu vaccine shortage of 2003/2004 is provided below.

This information and other hotline documents provided can also be applied to setting up a phone bank with the function of registering patients in advance of the Emergency Dispensing Sites. Patients can be registered in half hour time blocks on a time sheet provided to the hotline workers.

Template for Hotline

Welcome to the (hospital or agency name) _____Flu Hotline. This message was updated on **Wednesday, November 10, 2004.**

(Hospital or agency name) and the NH Department of Health and Human Services are working together to provide flu vaccine for high-risk groups. Our plan for the distribution of the vaccine given to us is as follows:

- For the listing of the New Hampshire priority groups for flu vaccine, **press 1**
- For tips on staying healthy during the 2004-2005 flu season, **press 2**

The NH DHHS flu hotline number is 1-866-273-6453.

Mailbox 1

In New Hampshire, the State guidelines are being applied.

[State of NH *Revised* Guidelines for "at risk" groups]

- All children aged 6 – 23 months
- Adults aged 65 years and older
    - Priority will be given to adults age 65 years and older with one or more chronic medical conditions.
- Children aged 6 months to 18 years on chronic aspirin therapy
- Persons aged 2 – 64 with underlying chronic medical conditions
    - Priority should be given to those with heart, lung or kidney disease and those with weakened immune systems due to HIV/AIDS; long-term steroid treatment; and cancer treatments.
- Residents of nursing homes and long-term care facilities
- All women who will be pregnant during the influenza season
- Health-care workers involved in direct patient care
    - Priority should be given to healthcare workers who provide direct care for highly immunosupressed patients.
- Out-of-home caregivers and household contacts of children less than 6 months
    - Priority should be given to those who live with or routinely care for children less than six months of age.

Mailbox 2

[What can I do if I cannot get a flu shot?]

There are steps people can and should take to protect themselves from the flu, and other respiratory illnesses:

- Wash your hands frequently
- Use a tissue to cover your nose and mouth when you cough or sneeze
- Stay home from work or school if you have flu-like symptoms until 48 hours after the symptoms stop
- Stay away from people who have flu-like symptoms
- Eat right, exercise and get plenty of sleep
- Wash frequently touched objects with a household disinfectant
- Avoid sharing eating utensils

Persons who do not fit into one of these risk groups should delay vaccination, pending further availability of vaccine.

If you have questions about whether or not you fit into a high-risk category, consult your healthcare provider.

Sample Template For Hotline #2

12/21/05

Node 00

You have reached the New Hampshire Department of Health and Human Services Flu Information Line. This message was updated on **Wednesday, December 21, 2005.**

Node 01

Welcome to the flu hotline. The following are a listing of agencies in NH currently offering flu shots. Please contact them directly for schedule information or an appointment. As additional clinics develop in NH, we will update this message.

Cottage Hospital		
Woodsville, NH	Phone:	603-747-9288
Manchester Health Dept.		
Manchester, NH	Phone:	603-624-6466
Nashua Health Dept.	Phone:	603-589-4500-awaiting authorization
Nashua, NH		

If you would like to speak to a staff member at the NH Immunization Program, please press 4 to leave a message, your call will be returned shortly.

Thank you and happy holidays.

Mailbox # 1:

Mailbox # 2:

Sample: Taking Calls On The Flood Hotline - Managing Stress

"You are working the standard twelve hour shift taking calls from the public regarding their frustration over seeking assistance. This is not the first unhappy customer you have had today. Your stress may not even end when your shift is over. It may continue at home. You may be tired, unable to satisfy some of the callers and ready for a break. Here are some helpful hints on how to manage stress, simple relaxation techniques and some suggestions as to how to manage these difficult calls. These techniques can be done in a few minutes, either during your break, at the end of your shift or whenever you have a few minutes".

General information about stress

Stress is a response to change, threat or long term frustration. Some stress is good. Too much stress can cause medical or psychological problems. Some warning signs of stress may include: being argumentative, excessive worrying, over/under eating, restless/disturbed sleep, apathy/withdrawal, constant headache/backache or excessive drinking/use of drugs. Anxiety and stress trigger the autonomic nervous system's "fight or flight" response. Physiological changes associated with stress include: increased blood pressure, shallow breathing, muscle tension, elevated heart rate, increased blood flow to the arms and legs and dry mouth. Some of us function at high levels of stress as part of our daily work. In your role of fielding call from the general public and their fear of a shortage of vaccine, even well adapted professionals can be challenged. It is important as you function in this role to be aware of your stress level and take some time for self-care. Our bodies are always ready to fight or run away. When this state becomes chronic, it affects our state of well being. It is essential to spend some time each day in a state of relaxation. There are several techniques for relaxation that you can learn that will lead to a general lowered state of tension and anxiety Here are a few.

Progressive Muscle Relaxation

Muscle relaxation reduces tension, reduces pulse rate, blood pressure and decreases perspiration and respiration rates. Here is how it works.

1. Sit in a relaxed position, eyes closed. Breathe naturally.
2. Clench fists hard so that your arms feel tense. Ease your tension as you breathe out.
3. Do the same with your lower legs, thighs, trunk, stomach, back and head. End with your whole body.
4. After a few rounds, don't tense first, just relax.
5. Feel heavy, then relaxed.
6. You can add visualization to this technique.

Visualization

Visualization is a way of simulating the experiences you have when you are in a calming environment. If you think anxious thoughts you become tense. In order to overcome negative feelings, you can use the power of your imagination to refocus your mind on positive healing images.

1. Get into a comfortable position. Close your eyes.
2. Imagine a place that feels serene, relaxing, and safe. It doesn't matter what you visualize as long as it is calming to you. This can be a place in nature or a cozy room. Yu can recall a place in memory or create your own ideal place in imagination. Include as many of your senses as possible. See the place… Smell its smells… Hear its sounds… Feel its texture… Taste it, if possible.
3. Develop the details of this place and mentally return there in times of stress.
4. As you relax your mind, your body also relaxes.

Deep Breathing

Most of us when we are under stress breathe poorly. We tense up and either hold our breath or we tend to have rushed, shallow breaths. We tend to pull upwards with our shoulders and upper chest to inhale. When we do this, less oxygen reaches our bloodstream and brain than our body likes. The result is our heart rate goes up and we become tense. The purpose of this technique is to counteract the tendency to hold your breath while under stress.

1. Sit in a comfortable position.
2. Take deep, measured breaths, slooowly
3. Inhale while counting up 1.2.3.4-in through the nose
4. Exhale while counting down 4.3.2.1- out through the mouth.
5. Do this 20-30 times.
6. Imagine the air you are breathing inn, giving oxygen to every muscle in your body. Deep breathing assists in relaxation by increasing the amount of oxygen in the body.

Tips For Stress Free Living

1. Breathe-take a deep breath when you are stressed, into the depths of your stomach and then to slowly breathe out.
2. Take a break-sit and relax and take your mind off what is bothering you.
3. Talk it out-with a fellow worker, supervisor, friend or family member. Listen to what they day about how you are handling stress.
4. Spend time with positive people or read/listen to something positive.
5. Watch your diet. Often when we are stressed we neglect health foods and grab something that is quick and easy. Try to have a balanced diet of fresh fruit and vegetables, some lean meats, some dairy products and cereal and grains. Raw cauliflower and broccoli are excellent stress busters. Drink lots of water-it washes away the stress.
6. Get enough sleep-sleep is the great healer of our time. When we sleep, our body rests and restores itself to greet the challenges of the next day. If you have trouble sleeping, try some relaxation techniques or meditation to help you relax.
7. Get enough exercise- Exercise releases endorphins, which make us feel good.
8. Separate yourself from the situation. The majority of callers are appreciative of what you are trying to do and understand your limitations. You will NOT be able to satisfy every caller. Try to look at the big picture and remind yourself of all the people who are receiving the vaccine, which will minimize their health risks.

In Summary:

Your role, answering calls from people who experienced significant losses or are frustrated about their difficulty in accessing help, is a stressful role indeed! The caller needs your compassionate presence to do the following:

- ❖ Be a good active listener…listen to the callers concerns .Let the caller be heard.

Tips for active listening:

- Allow the caller to say what is on their mind without interruption
- Paraphrase back what the caller has said, to make sure that you truly understand what they are saying (e.g. ‘So what I hear you saying is that you have called 6 places, and none of them have been able to help.”)

- Ask clarifying questions, when necessary, to show the caller that you are really seeking to understand the 'facts' and feelings that they are trying to present

❖ Provide accurate empathy…let the caller know that you 'get it'. Acknowledge the difficulty of dealing with the fears, doubts and insecurities. Help them focus on skills to deal more effectively with their stress.

Examples of accurate empathy:

- " I bet that this is making you feel really scared…"
- "Most people would feel anxious in your position…"
- "Your reaction is really understandable, under the circumstances."

❖ Non-possessive warmth…Give the caller the attention and respect that they deserve, without becoming so 'enmeshed' with each caller that you become so emotionally overwhelmed that you are unable to help the next caller, *who also needs your help*.

Note: Allow the caller to experience you as a caring, supportive professional. If you move too closely towards assuming a different role, such as a 'friend', you may not be able to reclaim the role, which you were intended to provide.

Take Care of Yourself.

If you don't prioritize self-care, you will become ineffective. Your physical, mental and emotional wellbeing will support an effective role. Not attending to these pieces of yourself, as a helper, will only serve to neutralize your opportunity to serve your callers.

Appendix 10: Priority Treatment of First Responders and Volunteers

Understanding the Vaccination/Medication Dispensing Strategy

As soon as possible in the course of an outbreak or a suspected outbreak, state and local health and emergency management officials, in collaboration with Centers for Disease Control and Prevention (CDC) if necessary, will determine the appropriate scope (who, where, and when) of the public health response, based on the following criteria:

- Size of the initial exposure or outbreak,
- Number of individuals to receive vaccine/prophylaxis,
- Status of vaccine/medication supply chain, and
- Possibility that additional new and related cases of disease or potential exposure will be identified in subsequent days based on epidemiologic surveillance.

If necessary because of shortages, the CDC, and/or the Commissioner of New Hampshire DHHS may decide to prioritize vaccination/prophylaxis for selected groups of individuals. This information will be communicated to local public health officials to aid in determining the extent and magnitude of the event and to help in planning the response needed. However, as plans are put in place, it is important to consider the worst-case scenario and the potential need to vaccinate/provide medication over an extended period of time for large segments of the population of the jurisdiction, a situation that may require rationing, phases of access for identified groups, and concurrent security measures.

Additional information will be made available as appropriate.

Appendix 11: Sample Memorandum of Understanding/Agreement

Two samples from the Massachusetts plan are included. The first sample involves SNS and this may not apply to all situations. NH MOU's will require approval through the State contracting process. Contact NH DHHS or DOS for further information.

Sample Memorandum of Understanding for Mass Clinic Site Location

Our facility _____ hereby acknowledges the intent to serve as a local dispensing site for the Strategic National Stockpile in the event that the stockpile is requested to address a large-scale communicable disease outbreak or bioterrorism event. In making this acknowledgment, we agree to do the following:

1. After meeting our requirements to our employees, parishioners, students, members, or clients, our facility will permit, to the extent of its ability and upon request of the Massachusetts State Bureau of Health (BOH), the use of the physical facilities and equipment by the BOH within 24 hours of the request and for the time period being requested, for mass clinics for disease prevention and control activities, including but not limited to:
    - Office equipment, including telephones, copy machines, computers, fax machines
    - Tables, chairs, desks, cots, wheelchairs
    - Refrigerators

2. Designate three points of contact in case of emergency:
    - An administrator who will serve as the primary point of contact. This person should have authority to open up the building.
    - A janitorial point of contact that will work with BOH personnel to move tables, chairs, etc.
    - A security point of contact that will interact with the BOH and local law enforcement in making security plans.

3. Allow our facility to be visited by members of the local health department, local law enforcement, and, if applicable, the National Guard for the development and maintenance of a site dispensing plan.

4. Allow our facility to be listed in a confidential annex to the local plan to distribute the Strategic National Stockpile (SNS).

As part of this agreement, we expect the BOH to:

1. Provide a BOH point of contact to answer questions that noted facility might have about these arrangements.

2. Replace or reimburse noted facility for any supplies that may be used by BOH in the conduction of its mass clinics.

3. Provide health and/or security professionals who would meet people at the entrance of our facility and, to the best of their ability, prevent contagious people from entering the building.

4. Coordinate the provision of extra security personnel, and provide any post-event cleanup that is needed.

5. Provide training for personnel who will staff the dispensing clinic.

It is understood the noted facility will maintain, and does not relinquish, their flexibility to make arrangements that will minimize the disruption that serving as an SNS distribution site could entail.

_____	_____
BOH Representative	Distribution Site Representative
_____	_____
Printed Name and Title	Printed Name and Title
_____	_____
Date	Date

Sample Agreement for Facility Use (School)

This agreement is made and entered into between the _____ **School District**, hereinafter referred to as "District" and the **XXX BOH**, hereinafter referred to as "XXX BOH".

Recitals

The American Red Cross XXX Chapter has an existing agreement with the District that provides the framework for a collaborative effort to provide emergency shelter for disaster-displaced members of the community.

XXX BOH has a responsibility to assure medical care for those injured by the disaster and provide mass chemoprophylaxis/vaccinations to the population if needed. XXX BOH has entered into agreements with Red Cross as well as public and private entities to accomplish this end.

XXX BOH desires, when deemed necessary, to establish mass chemoprophylaxis/vaccination sites, or shelters for the medically fragile, hereinafter referred to as "treatment sites," at District schools to provide medical care to persons injured and/or displaced by the disaster or in need of mass chemoprophylaxis/vaccinations.

Now, therefore, it is mutually agreed between parties as follows:

1. District agrees that, after meeting its emergency responsibilities to its students and staff, it will permit, to the extent of its ability and upon request of XXX BOH, as specified in this agreement, use of District facilities identified in Addendum A, on a temporary basis, for a treatment site.

2. XXX BOH and District agree to cooperate in the selection of the facilities that will be listed in Addendum A, which will be separate from facilities utilized by the American Red Cross, although both may be active at the facility at the same time.

3. District and XXX BOH agree to provide, and to update periodically, facility point-of-contact and activation authorization information as detailed in Addendum B.

4. District agrees that it will, prior to releasing facility to XXX BOH for use, evaluate the facility and secure valuable property not required for XXX BOH activities, to the extent reasonably possible.

5. XXX BOH agrees that it will exercise reasonable care in the conduct of its activities in such facilities and will, when provided with documented inventory and cost information, replace or reimburse the District for any foods, supplies, or damage to facilities or equipment arising from the conduct of XXX BOH activities.

6. Upon termination of use as a treatment site, XXX BOH agrees to leave the premises in their original condition.

7. A representative of XXX BOH will meet with the designated District representative periodically to evaluate the necessity for the continuation of operations and to resolve any other operational concerns.

8. Should the District request that a treatment site be relocated before the end of operations, XXX BOH agrees to relocate within 48 hours of the District's request to do so.

9. It is understood that it is the responsibility of XXX BOH to establish, staff, maintain, and dismantle the operations of the treatment site.

10. Notwithstanding any other agreements, XXX BOH agrees to defend, hold harmless, and indemnify the District against any legal liability in respect to bodily injury, death, and property damage arising from the negligence of XXX BOH or its officers, agents, or employees, including reasonable attorneys' fees.

11. Notwithstanding any other agreements, the District agrees to defend, hold harmless, and indemnify XXX BOH from any legal liability in respect to bodily injury, death, and property damage arising from the negligence of the District or its officers, agents, or employees, including reasonable attorneys' fees.

12. Either party may discontinue this agreement in writing at any time unless the facility is currently being used as a treatment site.

In witness thereof, the parties have caused this agreement to be executed, said agreement to become effective and operational upon the fixing of the last signature hereto.

XXX BOH	_____ School District
_____	_____
Signature	Signature
_____	_____
Title	Title
Date: _____	Date: _____

APPROVED AS TO FORM:
XXX BOH COUNSEL

By_____

Appendix 12: Incident Command System (ICS) for POD

National Incident Management System (NIMS)

On February 28, 2003, President Bush issued Homeland Security Presidential Directive-5. HSPD-5 directed the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). NIMS provides a consistent nationwide template to enable all government, private sector, and nongovernmental organizations to work together during domestic incidents. Beginning in November 2005, all agencies that apply for and receive funding from the Federal government will be required to be "NIMS Compliant." To learn more about NIMS, please go to the NIMS website at http://www.fema.gov/nims/.

An on-line course that introduces NIMS can be found at http://www.training.fema.gov/EMIWeb/IS/IS700.asp. This course takes approximately three hours to complete. It explains the purpose, principles, key components, and benefits of NIMS. The course also contains "Planning Activity" screens that provide an opportunity to complete planning tasks during the course. The planning activity screens are printable so they can be used after the course is completed.

Point of Dispensing (POD) Coordinator

Each POD will have a POD Coordinator/Incident Commander who is responsible for overall POD operation, is the primary decision maker for the site, and who supervises all functional coordinators. Depending on the size of the event, the POD Coordinator will communicate directly with the Emergency Planner at the Emergency Operation Center (EOC) or the local health officer. For most dispensing sites, the POD Coordinator will have similar functions to the Incident Commander. It is important to maintain assigned reporting and supervision functions in order to avoid having too many people reporting to the POD Coordinator and other coordinators. An ideal number of direct reports is five, and a maximum is seven.

The POD Coordinator/POD planning team should recruit additional site coordinators who will take responsibility for various dispensing site functions. These include:

- Operations Coordinator (Medical Coordinator)
- Planning Coordinator
- Logistics Coordinator
- Administration and Finance Coordinator
- Safety Officer (Security Coordinator)
- Public Information Officer (Communications Coordinator)

The roles of each of the coordinators are described below. One individual may be assigned to more than one function in small-scale clinics. When multiple communities (e.g. a local health coalition or public health network) and/or agencies come together, a written ICS Plan should be developed, reviewed, and formally adopted by all agencies to assure clear command structure during an event.

While a unified command structure is possible, it most likely will not be necessary, as each of these operations will be relatively small in scope. The POD Coordinator has two assistants: a Public Information Officer (PIO) and a Safety Officer. The PIO will be the spokesperson for the Site to any external contact (e.g. media, general public). If necessary, the PIO can also serve as Liaison Officer (LO), based upon local nePOD. At larger Sites, it may be necessary to have a separate Liaison Officer. The LO is assigned to the incident to be the contact for assisting and/or cooperating Agency Representatives. The Safety Officer is responsible for the general physical safety of both staff and public within the Site.

The descriptions below are provided as samples. Sample job action sheets are provided in Appendix 13. The scope and resources of each dispensing site will dictate how these roles expand or contract. See Figure 1 for a diagram of a sample ICS structure for dispensing site operations.

1. Operations (Ops)

The Operations Section (Ops) Chief reports directly to the POD Coordinator. The Ops Chief has the largest scope of responsibility: ensuring the receipt of prophylaxis. Ops has four branches:

e. Patient Flow,
f. Patient Care,
g. Transport, and
h. Security.

Patient Flow

Patient flow is in charge of moving the public through the POD. The Patient Flow Director reports to the Ops Chief. There are four groups within Patient Flow: Greeters, Registration, Translators and Flow Maintenance. Depending on the size of the overall operation, it most likely will not be necessary to have a group supervisor. However, at large PODs, it may be helpful for planners to consider this additional role.

Greeters are most likely the first staff members the public will interact with upon arrival at a POD. The purpose of the greeter is to welcome the public and to direct them to where they need to go. Due to the high stress level at the POD, greeters should be as calm and responsive to individual nePOD/concerns as possible while still controlling the flow of a large number of people. Greeters should be able to briefly orient the public to the clinic process and to answer basic questions about the process ahead. It is important that greeters be able to spot people who appear unusually stressed or who may be exhibiting signs of illness, infection or other medical condition, which could endanger other public or staff. Greeters will direct these individuals to Triage (see below).

Registration is where people provide their basic personal information for data management and follow-up, if necessary. All clinic forms will be available on the state website or through DHHS or DOS.

Translators should be available for all the languages spoken in the community/local regional coalition area. The planning team should determine the demographics within a community so that such contingencies are planned for. Translators may need to accompany non-English speaking people through the entire POD process.

Flow maintenance staff will float throughout the POD to ensure a steady flow at all stations and to alleviate backups and bottlenecks where feasible. This may be accomplished by adding staff to overburdened stations, by slowing the entrance of patients to the site, or any other steps deemed appropriate. Flow maintenance staff should consult with the Patient Flow Director before instituting any adjustments to the system, as other decision makers may need to be consulted.

Patient Care

Patient care oversees all clinical activities within the Site. The Patient Care Director reports to the Ops Chief. There are four groups within Patient Care: Triage, Forms Review, Dispensing and Medical Evaluation.

Triage is the first level of clinical evaluation when individuals arrive and, for various reasons, are identified by Greeters as possibly needing immediate medical care. People identified as having high levels of stress or acting out should be referred to the behavioral health team. Those displaying signs or symptoms of illness, infection or other medical conditions will be referred for medical evaluation. After Triage evaluation, patients may enter into the normal queue if they are medically cleared, be directed to Medical Evaluation (see below), be referred to Transport (see below), or perhaps be removed from the Site if they pose a physical danger to staff or other public. Removal would involve referral to Security and Behavioral Health, if necessary (see below).

Behavioral Health addresses the emotions, thought processes and behaviors related to emergencies, such as stress, fear, disruption of normal activities and functions, a sense of personal vulnerability and disruption of community cohesion. Behavioral health responders attend to the nePOD of individuals in distress and help maintain a comfortable and safe dispensing site by anticipating crises and intervening quickly when necessary, thus allowing the staff to continue their work. Behavioral health responders should circulate throughout the clinic to assess and address the emotional nePOD of both patients and staff. They can meet with individuals and families privately as needed and determine additional treatment nePOD, including the need for transfer to other facilities. The Behavioral Health Coordinator reports to the Patient Care Coordinator.

Forms Reviewers review completed patient information sheets that have been filled out by patients before they can receive their medication/immunization. If any answer on the information sheet raises a concern (e.g. contraindication for standard treatment, serious medical condition), the Reviewer refers the patient to Medical Evaluation (see below). If there are no issues raised by the information review, the patient procePOD to Dispensing.

Dispensing is where patients receive their vaccination or prophylaxis medication. The Dispensing staff may need to administer vaccines or hand patients prepackaged medication. Drug-specific information literature will also be given at this time, and patients will have an opportunity to speak with a pharmacist if they desire. In the case of vaccination, patients will also be informed about how to care for their vaccination site.

Medical Evaluation is where more comprehensive medical screening is conducted by a clinician upon referral by either Triage or Screening. If, after examination, Medical Evaluation deems it appropriate for a patient to receive either standard treatment or an available (on site) alternative treatment, the patient can be returned to the queue at whichever point they were diverted. If more comprehensive medical intervention is required, the patient will be referred to Transport (see below).

Transport

Transport is responsible for promptly removing patients from the Site and for transporting them to a health care facility. The Transport Director reports to the Ops Chief. Transport personnel will most likely consist of local or regional ambulance staff, but may also consist of alternative transportation options, if necessary. During the planning process, it is important for local preparedness staff to consider what patient transportation assets they have at their disposal. If, during the Triage or Medical Evaluation process, it is determined that a patient requires medical care that cannot be provided at the Site, that patient is referred to Transport, who may take that patient to a predetermined health facility. Transport should coordinate with the Ops Chief (or designee) to ensure that all transported patients are tracked through the on-site patient tracking system.

Security

Security is responsible for the protection of all individuals at the POD as well as the facility itself. Security will usually be handled by the local law enforcement agency. While the Security Director should maintain open communication with the Ops Chief, ultimately the Security Director reports to his/her superior officers and the Chief of Police. In smaller municipalities, the Security Director may be the Chief of Police. In-depth preparation is vital in the planning process with regard to security matters, as connectivity must be established and all proper chains of command should be worked out in advance. The Security Director must bring specific security concerns to the municipal planners, the POD Commander and the Ops Chief in advance so that they may be dealt with as soon as possible. It is important to determine the size and scope of the security requirements for each POD, so that local law enforcement can determine if they can meet those requirements in addition to other required duties, or if they need to call in additional assistance from the state or through mutual aid agreements with members of communities within their regional coalitions.

2. Logistics (Log)

The Logistics Section (Log) Chief reports directly to the POD Coordinator. In addition, the Log Chief works closely with the Ops Chief to ensure that all necessary support is available for the proper and efficient operation of the POD. Log may have two branches:

a. Service, and
b. Support.

The efforts of the two branch coordinators are headed by a branch director, and each branch consists of several groups. In the case of smaller POD, all groups may report to the Logistics Section Chief.

Service

The Service Director reports to the Log Chief. The Service branch has three groups: Communications, Food and Child Care.

Communications is in charge of obtaining, managing and maintaining a communications system both within the Site as well as between the Site and outside contacts (e.g. local, regional or state). The Local Emergency Planning Committee (LEPC) will most likely be responsible for obtaining a communications system and would be the point of contact for the Communications group. The Communications group will also be required to maintain a manual network should the primary system fail. (Note: The completed risk communications templates would be important here.)

The *Food* group is in charge of ensuring that food and beverages are available on site for staff and the public. Staff members may be at the Site for as long as 12 hours or more, and they may not have the ability or time to leave the Site to get something to eat. The Food group will need to communicate with Security personnel to ensure that approved vendors are permitted on the premises when delivering food and beverages.

The *Child Care* group is responsible for establishing and maintaining childcare services for staff and the public at each POD. It must be assumed that if PODs have been activated, normal day-to-day functioning has been affected and children are not in school or daycare. If community volunteers are recruited, it will be necessary to provide on-site childcare services. In addition to staff, it may be preferable for patients going through the POD to leave children in a child care room to expedite their time through the system.

Support

The Support Director reports to the Log Chief. Support has four groups: Facilities, Float Staff, Video and Supply.

Facilities are in charge of maintaining the infrastructure within each Site. This includes the initial set up of the Site (e.g. rooms, tables, cones, barriers, signs), the janitorial maintenance of the Site, and handling any emergency situations that arise.

Float Staff will be needed to provide break times for staff at various stations throughout the Site and to assist with the overall flow maintenance within the process. Float Staff personnel will need to be versatile, as they may need to provide coverage for any function within the Site, from greeter to screener to janitor.

Video personnel will be responsible for operating and maintaining entrance and exit videos, if available. These videos will assist the public by monitoring the Site process, the particular threat which has prompted the necessity for the Site, specific information concerning the medication or vaccination that is being dispensed or administered such as drug interactions or contraindications, and post-administration cares and concerns. These videos will be continuously running and must not impede the smooth flow of the public through the Site.

Supply staff will ensure that each station has exactly what it nePOD to maintain a steady flow of the public through the Site. Supply personnel will work closely with the Procurement unit to make sure the supplies are on site and that the Supply group can keep the stations stocked. The Supply staff will also be the point of contact for the various stations' staff should something new be required that had not previously been supplied. Supply will then work with Procurement to obtain the necessary items.

3-4. Planning and Finance & Administration

The Planning Chief and the Finance & Administration Section Chiefs report directly to the POD Coordinator. The Finance and Administration Section Chief is responsible for documenting costs. In the situation of a declared emergency, federal funds will be made available to reimburse costs. In smaller Site operations, it is feasible to combine these roles and to have one individual serve in more than one role in "Planning Finance & Administration (PF&A)." Within PF&A, there are three components: Data, Time and Procurement. The Data Unit traditionally falls under the Planning Section, while Time and Procurement are elements of the Finance & Administration Section.

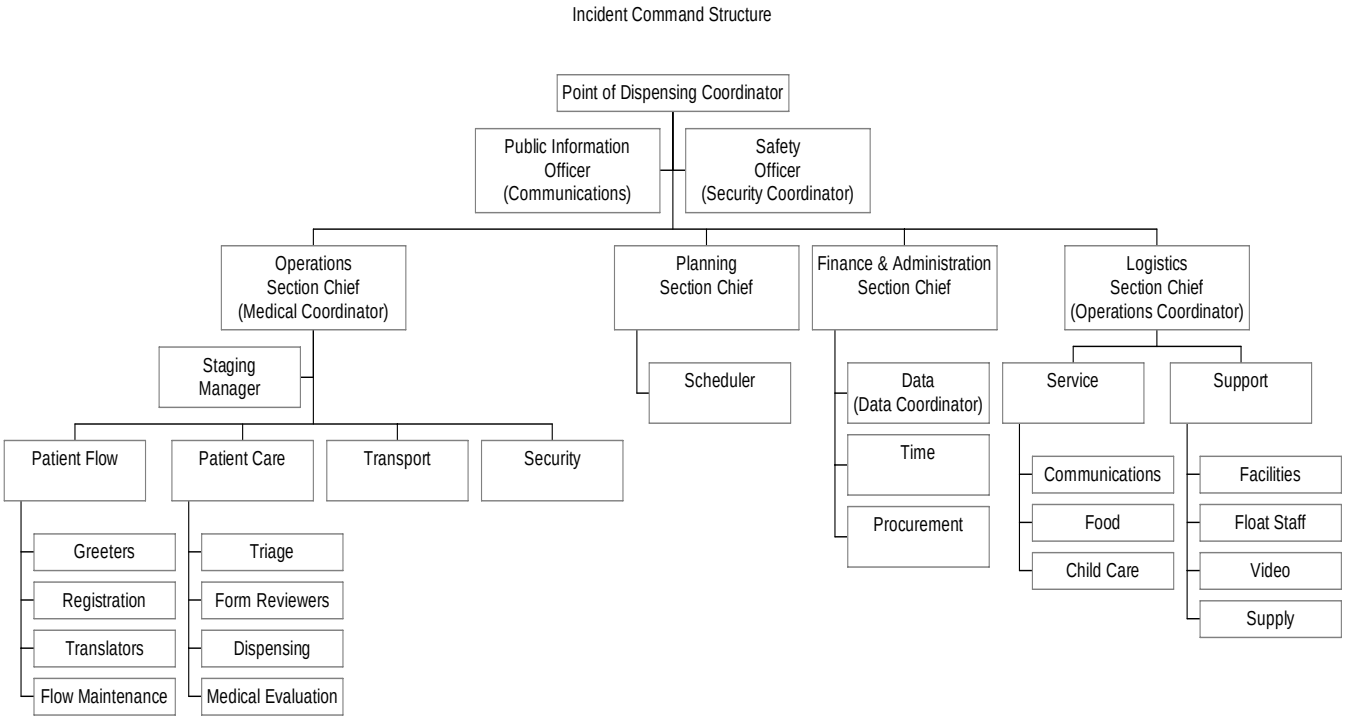
Data is in charge of tracking all patient information collected during the process through the Site. Forms for data collection will be available on through DHHS & DOS. *Time* is in charge of tracking the on site timekeeping of all staff. *Procurement* is in charge of obtaining materials and supplies that are needed to maintain a Site for up to several consecutive days. This may include, but not be limited to, forms, office supplies, communication devices, computer equipment, drinking water, food and cots.

For more information on Incident Command Structure:

- Contact your Regional Health Coordinator Educator (See Appendix 18)
- Visit the FEMA Web site http://www.fema.gov and click on "Training" or http://training.fema.gov/EMIWeb/IS/is100.asp for the link to FEMA Independent Study Program: IS-100 Introduction to Incident Command System, I-100. For ICS forms, go to: http://www.fs.fed.us/fire/planning/nist/ics_forms.html

Figure 1: Sample ICS Structure for POD Operations

Command Structure Job Action Guidelines



NOTE: The descriptions below are provided as samples. Sample job action sheets are provided in Appendix 13. The scope and resources of each dispensing site will dictate how these roles expand or contract. Figure 1 provides a diagram of a sample ICS structure for dispensing site operations. A flow chart describing a generic large-scale Point of Dispensing is provided in the Operations section of this guide.

Command Staff

- Point of Dispensing Coordinator
    - Health and Safety Officer
    - Public Information Officer
    - Liaison Officer
    - Operations Chief
    - Planning Chief
    - Logistics Chief
    - Finance/Administration

Operations Section

- Medical Services Branch
- Triage Group
    - Medical Evaluation Unit
    - Sick Room Attendant/First Aid Provider
- Education Group
- Screening Group

Non-Medical Services Branch

Greeter/Registration Group
Floater/Runner Group
Exit Station Group

Pharmaceutical Services Branch

Vaccinator Dispenser Group

Special NeedsD Services Branch

- Interpreter Group
- Disability Group
- Mental Health Group

Off-Site Prophylaxis/Vaccination Services Branch

- Pharmacy Consultants

Planning Section

Staff Resources Group

- Workforce Staging Unit
- Incident Specific Training Unit
- Workforce Vacc./Prophy. Unit

Demobilization Group

Logistics Section

- Supply/Inventory Unit (SNS)

Transportation Unit

Facilities Unit

- Security Manager

Communications Group

- Information Technology Unit

Workforce Services Group

- Food Unit
- Medical Unit
- Mental Health Unit

Finance/Administration Section

Time Unit

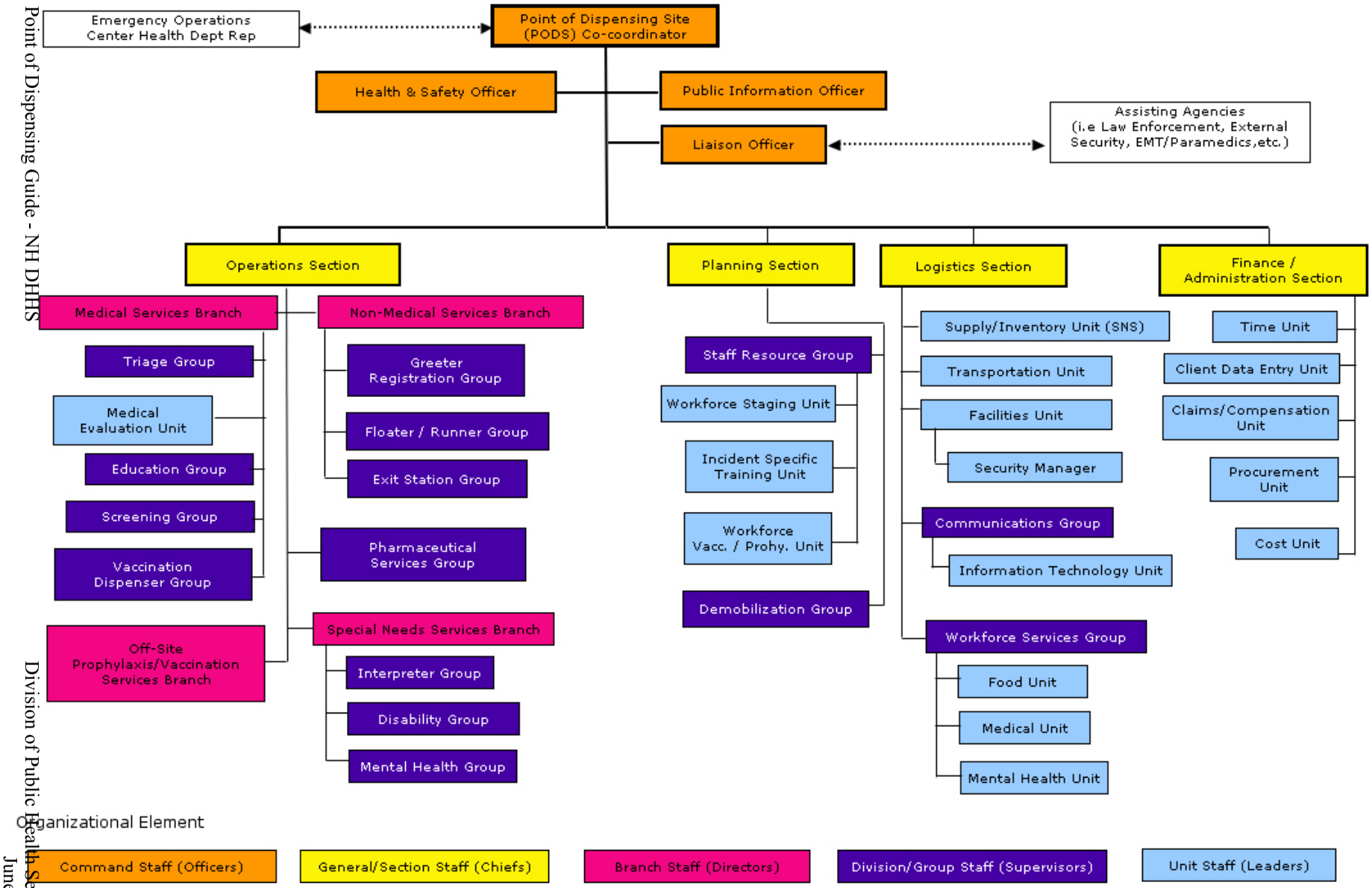
Client Date Entry Unit

Claims/Compensation Unit

Procurement Unit

Cost Unit

POINTOF DISPENSING SITE COMMAND STRUCTURE



Appendix 13: Job Action Sheets (JAS)

POD Coordinator (replacement)

Name:

Assigned To POD Area:

The Person You Report To: *Public Health rep. at the EOC* **Name:** **Phone:**

Reporting To You Are: *PIO, Health and Safety Officer, Liaison Officer, Planning Chief, Logistics Chief, Operations Chief, Finance & Administration Chief*

Purpose: *To organize and direct all operations at clinic site.*

Qualifications: *Thorough knowledge of ICS, POD Plan, all stations of a POD, organizational skills and management experience.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Review Job Action Sheet.
- ❑ Sign-out equipment and resource packet, if necessary.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing with the person you are replacing.
- ❑ Conduct briefing for those reporting to you.

Duties:

- ❑ Obtain updated Incident Briefing Form (adapted ICS Form 201) from the public health representative at the EOC.
- ❑ Conduct briefing/planning meeting with Command Staff and Section Chiefs.
- ❑ Update the Clinic Incident Action Plan to include:
    - o Clinic Incident Briefing Form (adapted ICS Form 201)
    - o Assignment List (adapted ICS Form 203)
    - o Clinic objectives
    - o Command staff goals and objectives
    - o Map(s) of facility and clinic operation
    - o Clinic communication plan (ICS Form 205) from Communications Supervisor
    - o Transportation plan from EOC
    - o Security plan from EOC
    - o Incident Safety Analysis (ICS 215a) from the Health and Safety Officer
- ❑ Determine appropriate times for ongoing briefings/planning meetings with Command Staff and Section Chiefs.
- ❑ Confirm with Logistics Chief that all equipment and supplies are on site.
- ❑ Confirm with Planning Chief that staffing is adequate.
- ❑ Approve staff schedule and assignments as developed by Planning Chief.
- ❑ Review with the Staff Resources Supervisor the job tasks of all staff.
- ❑ Obtain overall media policy and strategies for VIP visits (i.e. government representatives) from PIO.
- ❑ Work closely with security to monitor any media breaches.
- ❑ Assist local government representatives in briefing officials and media, as appropriate.

- ❑ Review safety considerations with Health and Safety Officer.
- ❑ Review with Liaison Officer the security plans of assisting agencies.
- ❑ Communicate with EOC at regular intervals.
- ❑ Periodically check work progress of Command Staff and Section Chiefs' goals and objectives.
- ❑ Assist all Command Staff and Section Chiefs when needed.
- ❑ Manage any incidents or problems while the clinic is operational.
- ❑ Approve requests for incoming or outgoing resources (between clinics or from EOC).
- ❑ Contact the RSS through the EOC for reconciliation regarding any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery of items from SNS, EOC or other sources. Monitor colleagues and clients for signs of fatigue or distress.

Prior to Shift Change:

- ❑ Ensure that a designated individual is left in charge while briefing the replacement Clinic Incident Commander.
- ❑ With replacement Clinic Incident Commander, conduct briefing/planning meeting.
    - o Assess current clinic situation.
    - o Update the Clinic Incident Action Plan.
    - o Consider and implement Unified Command if necessary.
    - o Modify goals and objectives of Command Staff and Section Chiefs.
- ❑ Send all reports, documents, etc. to the necessary Section Chiefs or EOC.

At Clinic Closing:

- ❑ Coordinate between the EOC and Planning Chief to develop the Demobilization Plan (adapted ICS Form 221).
- ❑ Schedule and hold demobilization planning meeting with Command Staff and Section Chiefs.
- ❑ Release resources and supplies and workforce as appropriate.
- ❑ Arrange to have equipment & supplies returned.
- ❑ Send all reports, documents, etc. to the necessary Section Chiefs or EOC.
- ❑ Restore facility to pre-clinic conditions.
- ❑ Secure facility and return keys to facility representative.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD.
- ❑ Refer all media inquiries to PIO.

POD Coordinator (upon opening)

Name:

Assigned To POD Area:

The Person You Report To: *Public Health rep. at the EOC* **Name:** **Phone:**

Reporting To You Are: *PIO, Health and Safety Officer, Liaison Officer, Planning Chief, Logistics Chief, Operations Chief, Finance & Administration Chief*

Purpose: *To organize and direct all operations at clinic site.*

Qualifications: *Thorough knowledge of ICS, POD Plan, all stations of a mass clinic, organizational skills and management experience.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Review Job Action Sheet.
- ❑ Sign-out equipment and resource packet, if necessary.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Conduct briefing for those reporting to you.

Duties:

- ❑ Activate elements of the Incident Command System.
- ❑ Obtain Incident Briefing Form (adapted ICS Form 201) from the public health representative at the EOC.
- ❑ Conduct initial briefing/planning meeting with Command Staff and Section Chiefs and Facilities Unit Leader.
- ❑ Complete a Clinic Incident Action Plan to include:
    - o Clinic Incident Briefing Form (adapted ICS Form 201)
    - o Assignment List (adapted ICS Form 203)
    - o Clinic objectives
    - o Command staff goals and objectives
    - o Map(s) of facility and clinic operation
    - o Clinic communication plan (ICS Form 205) from Communications Supervisor
    - o Transportation plan from EOC
    - o Security plan from EOC
    - o Incident Safety Analysis (ICS 215a) from the Health and Safety Officer
- ❐ Determine appropriate times for ongoing briefings/planning meetings with Command Staff and Section Chiefs.
- ❐ Confirm with Logistics Chief at least 1.5 hours prior to start time that Facilities Unit has set up all equipment and supplies on site and facility is ready to open.
- ❑ Confirm with Planning Chief at least 1 hour prior to clinic start time that staffing is adequate.
- ❑ Approve staff schedule and assignments as developed by Planning Chief, including hours of operation.
- ❑ Review with the Staff Resources Supervisor the job tasks of all staff.
- ❑ Approve the use of incident specific training for clinic staff.
- ❑ Obtain overall media policy and strategies for VIP visits (i.e. government representatives) from PIO.
- ❑ Work closely with security to monitor any media breaches.
- ❑ Assist local government representatives in briefing officials and media, as appropriate.
- ❑ Review safety considerations with Health and Safety Officer.

- ❑ Review with Liaison Officer the security plans of assisting agencies.
- ❑ Communicate with EOC at regular intervals.
- ❑ Periodically check work progress of Command Staff and Section Chiefs' goals and objectives.
- ❑ Assist all Command Staff and Section Chiefs when needed.
- ❑ Manage any incidents or problems while the clinic is operational.
- ❑ Approve requests for incoming or outgoing resources (between clinics or from EOC).
- ❑ Contact the Receipt, Store and Stage (RSS) Warehouse through the EOC for reconciliation regarding any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery of items from SNS, EOC or other sources.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.

Prior to Shift Change:

- ❒ Ensure that a designated individual is left in charge while briefing the replacement Clinic Incident Commander.
- ❒ With replacement Clinic Incident Commander, conduct briefing/planning meeting.
  - o Assess current clinic situation.
  - o Update the Clinic Incident Action Plan.
  - o Consider and implement Unified Command if necessary.
  - o Modify goals and objectives of Command Staff and Section Chiefs.
- ❑ Send all reports, documents, etc. to the necessary Section Chiefs or EOC.

At Clinic Closing:

- ❒ Coordinate between the EOC and Planning Chief to develop the Demobilization Plan (adapted ICS Form 221).
- ❒ Schedule and hold demobilization planning meeting with Command Staff and Section Chiefs.
- ❑ Release resources and supplies and workforce as appropriate.
- ❑ Arrange to have equipment & supplies returned.
- ❑ Send all reports, documents, etc. to the necessary Section Chiefs or EOC.
- ❑ Restore facility to pre-clinic conditions.
- ❑ Secure facility and return keys to facility representative.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Health and Safety Officer

Name:

Assigned To POD Area:

The Person You Report To: *POD Coordinator* **Name:** **Phone:**

Reporting To You Are: *Health and Safety Assistants (if assigned)*

Purpose: *To ensure the health and safety of clinic workforce and clients.*

Qualifications: *Thorough knowledge of OSHA, infection control, PPE, ICS and POD Plan.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Review Job Action Sheet.
- ❑ Sign-out equipment and resource packet, if necessary.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing to assistants or staff reporting to you if applicable.
- ❑ Report to your assigned clinic area for observation before beginning duties as needed.

Duties:

- ❑ Conduct a general inspection of the facility prior to it becoming operational with the Logistics Chief and the facility representative.
- ❑ Complete an Incident Safety Analysis (ICS 215A) for each shift.
- ❑ Develop a safety action plan to include:
    - o Incident Safety Analysis (ICS 215 A).
    - o Potentially hazardous situations in the clinic.
    - o Hazards, risks and potentially unsafe situations and how they will be monitored.
- ❑ Ensure that all assisting agencies are included in the safety action plan by working with the Liaison Officer.
- ❑ Ensure adequate rest is provided to all clinic staff by monitoring the sign-in and assignments at the Workforce Staging Area.
- ❑ Direct clinic staff needing rest, food, medical or mental attention to Workforce Services.
- ❑ Exercise emergency authority to stop and prevent any unsafe acts.
    - o Discuss with POD Coordinator and document action on Unit Log (ICS Form 214).
- ❑ Initiate accident investigations within the clinic.
    - o Ensure that accident investigation reports are completed and provided to Clinic Incident Commander.
    - o Ensure a copy is given to the local health agency for follow up purposes (i.e. worker compensation).
    - o Work with Medical Leader as needed.
    - o An investigation should not interfere with the primary duties of the Health and Safety Officer.
- ❑ Prepare safety messages (verbal, written, signage, etc.) for the clinic.
- ❑ Monitor personal protective equipment usage.
- ❑ Conduct follow-up inspections on a periodic basis for compliance to all health and safety standards.
- ❑ Monitor weather forecasts for any change in weather conditions during the clinic that was not predicted and could cause high-risk conditions.
- ❑ Conduct periodic briefings to keep assisting agencies informed of safety action plans.

- ❑ Provide routine progress and/or status report to Clinic Incident Commander.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Public Information Officer

Name:

You Report To: *Joint Information Center (JIC)* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *Coordinate information to inform the public of the disease, clinic(s) situations, clinic(s) times, and other incident information.* [**NOTE:** There should be one PIO per jurisdiction to report to the JIC. It is not recommended that there is one PIO per clinic.]

Qualifications: *Crisis communication skills and PIO expertise.*

Check-In:

- ❑ Gather needed materials:
  - o Radio or other communication devices.
  - o Media packet (FAQs).
  - o Contact information of local officials and other local, regional and state PIOs.
  - o Schedule and location of mass clinic(s) in operation.
  - o Information about the disease and the treatment being provided.
  - o Risk Communication Plan.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Report to Joint Information Center(JIC).
- ❑ Attend briefing.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).

Duties:

- ❑ Establish coordination of information and dissemination of information with PODs and EOC.
- ❑ Prepare initial information summary to include:
  - o Level of public/media interest in incident/clinic(s).
  - o Incident information and activities already underway.
  - o Primary point of contact for media and public.
- ❑ Ensure that media considerations are a part of the overall POD plan.
- ❑ Inform each clinic of overall media policy upon initial activation.
  - o No comment; refer media to a specific contact.
  - o Explanatory statement; no media admittance.
  - o Media visits permitted.
  - o Media permitted to attend briefing station only.
- ❑ Develop media statement(s) as appropriate.
- ❑ Determine who will participate in media interviews.
- ❑ Coordinate media activities:
  - o Make media contacts as necessary.
  - o Provide media statements and answer questions as necessary.
  - o Arrange guided tours for media at POD(s) as necessary.
- ❑ Develop strategies for informing or involving VIPs (i.e. government representatives).
- ❑ Ensure updates are made to other local, regional and state PIOs, the EOC or the JIC.
- ❑ Answer appropriate media calls.
- ❑ Ensure that reporters receive media packets.

- ❑ Ensure that all equipment for news conferences is available (i.e. microphones, podiums, etc.).
- ❑ Document all media contacts on Unit Log (ICS Form 214).
- ❑ Publicize and optimize attendance at each POD.
    - o Announce method to organize the population to attend specific POD sites based upon EOC determination (i.e. risk categories, SSN, phone #, zip code, first come-first serve, etc.).
    - o Advise whom the POD is intended for and for whom it is not intended.
    - o Advise public on what to bring with them for identification purposes.
    - o Advise how to access sites via public/private transportation, if available.
    - o Notify the public of services available to special needs populations, including but not limited to transportation for physically handicapped or elderly persons, if available.
    - o Advise public of hours of clinic operations.
    - o Advise public that vaccination/prophylaxis is free of charge.
    - o Advise public that undocumented residents will not be at risk of deportation if present at POD.
    - o Advise that interpreters will be available.
- ❑ Monitor media outlets to check accuracy of information being reported.
    - ❑ Contact media outlets to correct errors of fact and control rumors about the incident.
- ❑ Provide information to local information and referral services, including 2-1-1.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return identification (vest, id badge, etc.)
- ❑ Return forms and materials as needed.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.

Liaison Officer

Name:

The Person You Report To: *POD Coordinator* **Name:** **Phone:**

Reporting To You Are: *Agency representatives from assisting agencies*

Purpose: *To coordinate assisting agencies reporting to the clinic.*

Qualifications: *Thorough knowledge of ICS, POD Plans and EOC functions.*

Check-In:

- ❑ Gather needed materials:
  - o Radio or other communication devices
  - o Public Health Emergency Plan
  - o POD Plan
  - o Mutual aid request forms
  - o 24/7 Plans and contact information
  - o Briefing format
  - o All other appropriate forms
- ❑ Sign-in at Workforce Staging Area.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing to assisting agencies as necessary.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Identify an area where assisting agencies should report.
- ❑ Greet assisting agency representatives when they arrive.
- ❑ Brief assisting agencies on the needed information for them to do their job functions properly.
- ❑ Arrange for communication network between clinic and assisting agency representative.
- ❑ Keep log of assisting agencies on site.
- ❑ Provide routine progress and/or status reports to POD Coordinator or EOC.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Return forms and materials as needed.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Operations Chief

Name:

Assigned To POD Area:

The Person You Report To: *POD Coordinator* **Name:** **Phone:**

Reporting To You Are: *Medical Services Director, Non-Medical Services Director, Special Needs Services Director, Pharmaceutical Services Supervisor*

Purpose: *To oversee all operational functions of the POD.*

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, thorough knowledge of ICS, POD Plan and management experience.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned clinic area for observation before beginning duties as needed.

Duties:

- ❑ At initial briefing, identify units within the section to be activated and resources required for section operations.
- ❑ Monitor client flow patterns and work to correct any problems with Facilities Leader.
- ❑ Obtain information and updates from those reporting to you for resources needed.
- ❑ Communicate all requests for incoming and outgoing resources with POD Coordinator.
- ❑ Request the need for additional pharmaceuticals as determined by the pharmacy through the Logistics Chief.
- ❑ Provide routine progress and/or status reports to Clinic Incident Commander.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
- ❑ Pharmaceutical Services Branch records submitted to Clinic Incident Commander.
- ❑ Client log sheets from Greeter/Registration Supervisor submitted to Client Data Entry Leader.
- ❑ Patient information tracking forms and related documents submitted to Client Data Entry Leader.
- ❑ Special Needs Services Branch documents submitted to Clinic Incident Commander.
- ❑ All completed Job Action Sheets, Unit Logs and General Messages to Clinic Incident Commander.
- ❑ Ensure scheduled breaks and relief for the section is being appropriately handled.
- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.

- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Medical Services Director

Name:

Assigned To POD Area:

The Person You Report To: *Operations Chief* **Name:** **Phone:**

Reporting To You Are: *Triage Station Supervisor, Screening Station Supervisor, Vacc./Disp. Station Supervisor, Education Station Supervisor*

Purpose: *To direct the stations in the Operations Section that require medical knowledge.*

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official with the authority to make medically based decisions, understanding of POD operations.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Ensure all stations have appropriate forms and equipment needed.
- ❑ Ensure all stations are set-up properly.
- ❑ Instruct appropriate station group staff on the policies and methods for administration of vaccine or dispensing of medications.
- ❑ Monitor client flow patterns and assist the Operations Chief in correcting any problems.
- ❑ When station supervisors report disruptions and changes in client flow, report to Operations Chief.
- ❑ Ensure consistency in information provided to clients at all stations.
- ❑ Ensure that proper documentation is maintained for all station activities.
- ❑ Collect client forms from each station as necessary.
- ❑ Assist with answering client questions within scope of training and qualifications when asked
- ❑ by station group staff.
- ❑ Serve as final arbiter regarding medical questions, clinical care issues or vaccine refusal.
- ❑ Act as final decision-maker for persons with contraindications to receive the vaccine or medication.
- ❑ Ensure scheduled breaks and relief for all station group staff.
- ❑ Ensure all station group staff is adhering to infection control procedures.
- ❑ Review and confirm staffing levels for next day or next shift with Operations Chief.
- ❑ Provide routine progress and/or status reports to Operations Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to
- ❑ as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Triage Station Supervisor

Name:

Assigned To POD Area: *Triage Station [RED]*

The Person You Report To: *Medical Services Director* **Name:** **Phone:**

Reporting To You Are: *Triage Station Group Staff, Medical Evaluation Leader*

Purpose: *To perform triage functions as clients enter the clinic.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Medical Services Director.]

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with triage functions.*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❒ Sign-out equipment and resource packet.
- ❒ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc.).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed

Duties:

- o Ensure station has appropriate equipment and is set-up properly.
- o Coordinate communication to and from station as needed.
- o Observe clients entering the POD for visible symptoms.
- o Assess visibly ill clients, and determine whether or not they are symptomatic.
- o Direct sick clients to assigned location for medical evaluation.
- o Coordinate for appropriate care of clients with external facilities or request medical transportation as needed.
- o Maintain tracking documents as needed.
- o Maintain client flow.
- o Work with Medical Services Director to incorporate changes within station as needed.
- o Provide routine progress and/or status reports to Medical Services Director.
- o Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- o Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Triage Station Group Staff

Name:

Assigned To POD Area: *Triage Station [RED]*

The Person You Report To: *Triage Station Supervisor* **Name:** **Phone:**

Reporting To You Are: *N/a*

Purpose: *To perform triage functions as clients enter the clinic.*

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with triage functions.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up station as appropriate.
- ❑ Observe clients entering the POD site for visible symptoms.
- ❑ Assess visibly ill clients, and determine whether or not they are symptomatic.
- ❑ Direct sick clients to assigned location for medical evaluation.
- ❑ Coordinate for appropriate care of clients with external facilities or request medical transportation as needed.
- ❑ Maintain tracking documents as needed.
- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Triage Station Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Medical Evaluation Leader

Name:

Assigned To POD Area: *Triage Station*

The Person You Report To: *Triage Station Supervisor* **Name:** **Phone:**

Reporting To You Are: *N/a*

Purpose: *To evaluate patients for symptoms of illness.*

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up station as appropriate.
- ❑ Perform medical evaluation to determine appropriate care and treatment for clients.
- ❑ Obtain contact information of client and maintain tracking documents as needed.
- ❑ Coordinate for appropriate care of clients with external facilities or request medical
- ❑ transportation as needed.
- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Triage Station Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to
- ❑ as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Education Station Supervisor

Name:

Assigned To POD Area: *Education Station*

The Person You Report To: *Medical Services Director* **Name:** **Phone:**

Reporting To You Are: *Education Station Group Staff*

Purpose: *To moderate client education appropriate for the incident.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Medical Services Director.]

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with vaccine information statements (VIS), communication skills.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Ensure station has appropriate handouts, videos, AV equipment and all other educational
- ❑ materials needed.
- ❑ Ensure AV equipment is set-up properly.
- ❑ Ensure station is set-up properly for clients.
- ❑ Present the educational materials to the clients.
- ❑ Maintain client flow to remain on schedule.
- ❑ When Education Station Group Staff report disruptions and changes in client flow, report to
- ❑ Medical Services Director.
- ❑ Answer client questions within scope of training and qualifications.
- ❑ Refer clients with extraneous concerns to the appropriate area within the POD.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Medical Services Director as needed.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to
- ❑ as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.

- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Education Station Group Staff

Name:

Assigned To POD Area: *Education Station*

The Person You Report To: *Education Station Supervisor* **Name:** **Phone:**

Reporting To You Are: n/a

Purpose: *To moderate client education appropriate for the incident.*

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with vaccine information statements (VIS), communication skills.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up station with appropriate handouts, videos, AV equipment and all other educational materials needed.
- ❑ Set-up AV equipment.
- ❑ Ensure station is set-up properly for clients.
- ❑ Present the educational materials to the clients.
- ❑ Maintain client flow to remain on schedule.
- ❑ Report disruptions and changes in client flow to Education Station Supervisor.
- ❑ Answer client questions within scope of training and qualifications.
- ❑ Refer clients with extraneous concerns to the appropriate area.within the POD.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Education Station Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Screening Station Group Staff

Name:

Assigned To POD Area: *Screening Station*

The Person You Report To: *Screening Station Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To screen clients.*

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with client forms.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up station with appropriate client forms and equipment needed.
- ❑ Ensure station has appropriate space for client confidentiality.
- ❑ Screen clients and validate client signature on consent form.
- ❑ Report disruptions and changes in client flow to Screening Station Supervisor.
- ❑ Ensure accuracy and completeness of POD forms.
- ❑ Answer client questions within scope of training and qualifications.
- ❑ Refer clients with extraneous concerns to the appropriate persons.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Screening Station Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD.
- ❑ Refer all media inquiries to PIO.

Vaccination/Dispensing Station Supervisor

Name:

Assigned To POD Area: *Vaccinator/Dispenser Station [BLUE]*

The Person You Report To: *Medical Services Director* **Name:** **Phone:**

Reporting To You Are: *Vaccinator/Dispenser Station Group Staff*

Purpose: *To administer vaccination or dispense medication to clients.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Medical Services Director.]

Qualifications: *Qualified to administer vaccine or dispense mediation under state law or be legally delegated and properly supervised.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Vaccinator/Dispenser Duties:

- ❑ Ensure station has appropriate pharmaceuticals, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❑ Vaccinate clients or dispense medication to clients.
- ❑ When Vaccinator/Dispenser Station Group Staff report disruptions and changes in client flow, report to Medical Services Director.
- ❑ Provide routine progress and/or status reports to Medical Services Director as needed.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Only train on-coming vaccinators if directed to do so by Medical Services Director.
- ❑ Alternate roles with Vaccinator Assistant as needed.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Vaccinator Assistant Duties:

- ❒ Assist in setting up station.
- ❒ Assist the vaccinator by:
  - o Preparing needle and vaccine if needed.
  - o Reviewing clients' paperwork.
  - o Documenting that vaccine was administered on client forms.
  - o Assisting with bandaging if needed.
- ❒ Collect completed forms if necessary.
- ❒ Alternate roles with Vaccinator as needed.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Vaccination/Dispensing Station Group Staff

Name:

Assigned To POD Area: *Vaccinator/Dispenser Station [BLUE]*

The Person You Report To: *Vacc./Disp. Station Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To administer vaccination or dispense medication to clients.*

Qualifications: *Qualified to administer vaccine or dispense medication under state law or be legally delegated and properly supervised.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Vaccinator/Dispenser Duties:

- ❑ Set-up station with appropriate pharmaceuticals, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❑ Vaccinate clients or dispense medication to clients.
- ❑ Report disruptions and changes in client flow to Vaccinator/Dispenser Station Supervisor.
- ❑ Provide routine progress and/or status reports to Vaccinator/Dispenser Station Supervisor.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Only train on-coming vaccinators if directed to do so by Medical Services Director.
- ❑ Alternate roles with Vaccinator Assistant as needed.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Vaccinator Assistant Duties:

- ❑ Assist in setting up station.
- ❑ Assist the vaccinator by:
  - o Preparing needle and vaccine if needed.
  - o Reviewing clients' paperwork.
  - o Documenting that vaccine was administered on client forms.
  - o Assisting with bandaging if needed.
- ❑ Collect completed forms if necessary.
- ❑ Alternate roles with Vaccinator as needed.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.

- Return identification (vest, id badge, etc.).
- Sign-in equipment.
- Pick up exit materials, as appropriate.
- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Non-Medical Services Director

Name:

Assigned To POD Area:

The Person You Report To: *Operations Chief* **Name:** **Phone:**

Reporting To You Are: *Greeter/Registration Station Supervisor, Floater/Runner Supervisor, Exit Station Supervisor*

Purpose: *To direct the stations in the Operations Section that do not need specific medical knowledge.*

Qualifications: *Appropriate knowledge or training of POD operations and management experience*.

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Ensure all stations have appropriate forms and equipment needed.
- ❑ Ensure all stations are set-up properly.
- ❑ Monitor client flow patterns and assist the Operations Chief in correcting any problems.
- ❑ When station supervisors report disruptions and changes in client flow, report to Operations Chief.
- ❑ Ensure consistency in information provided to clients at all stations.
- ❑ Ensure that proper documentation is maintained for all station activities.
- ❑ Collect client forms from each station as necessary.
- ❑ Assist with answering client questions within scope of training/qualifications.
- ❑ Reassign Floater/Runner Group Staff to areas of greater need as assessed or observed throughout shift.
- ❑ Ensure scheduled breaks and relief for all station group staff.
- ❑ Ensure all station group staff is adhering to infection control procedures.
- ❑ Review and confirm staffing levels for next day or next shift with Operations Chief.
- ❑ Provide routine progress and/or status reports to Operations Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.

- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Greeter/Registration Station Group Staff

Name:

Assigned To POD Area: *Greeter/Registration Station [ORANGE]*

The Person You Report To: *Greeter/Registration Station Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To greet and register clients as they enter the clinic.*

Qualifications: *No specific qualifications required.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up station with appropriate client forms and equipment needed.
- ❑ Greet clients as they enter.
- ❑ Recognize clients with special needs. Alert Non-Medical Services Director to send appropriate Floater/Runner to assist client throughout their clinic process.
- ❑ Provide clients with client packet and registration materials and forms.
- ❑ Assign client ID if necessary.
- ❑ Report disruptions and changes in client flow to Greeter/Registration Station Supervisor.
- ❑ Ensure accuracy and completeness of client forms if necessary.
- ❑ Refer client questions to the appropriate persons.
- ❑ If a family member of a clinic worker comes to the POD asking to speak with their family member, contact a Floater/Runner to find/radio the Workforce Services Supervisor. Be sure to keep that family member at the front door. Contact security if necessary.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Greeter/Registration Station Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Floater/Runner Supervisor

Name:

Assigned To POD Area:

The Person You Report To: *Non-Medical Services Director* **Name:** **Phone:**

Reporting To You Are: *Floater/Runner Group Staff*

Purpose: *To assist all areas of the POD as requested.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Non-Medical Services Director.]

Qualifications: *No specific experience needed. May involve moderate physical requirements such as movement and carrying supplies.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Ensure station(s) have appropriate materials and equipment needed. (May be assigned to one specific station of the clinic for full length of shift.)
- ❒ Assist all stations of the clinic as requested.
- ❒ Deliver messages as requested.
- ❒ When Floater/Runner Group Staff reports disruptions and change in client flow, report to Non-Medical Services Director.
- ❒ Refer client questions to appropriate persons.
- ❒ Provide routine progress and/or status reports to Non-Medical Services Director.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Floater/Runner Group Staff

Name:

Assigned To POD Area:

The Person You Report To: *Floater/Runner Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *Assist all areas of the POD as requested.*

Qualifications: *No specific experience needed. May involve moderate physical requirements such as movement and carrying supplies.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Set-up station(s) with appropriate materials and equipment as needed. (May be assigned to one specific station of the POD for full length of shift.)
- ❒ Assist all stations of the POD as requested.
- ❒ Deliver messages as requested.
- ❒ Report disruptions and change in client flow to Floater/Runner Supervisor.
- ❒ Refer client questions to appropriate persons.
- ❒ Provide routine progress and/or status reports to Floater/Runner Supervisor.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Exit Station Supervisor

Name:

Assigned To POD Area: *Exit Station [VIOLET]*

The Person You Report To: *Non-Medical Services Director* **Name:** **Phone:**

Reporting To You Are: *Exit Station Group Staff*

Purpose: *To provide clients with exit material.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Non-Medical Services Director.]

Qualifications: *No specific qualifications required.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Ensure station has appropriate exit materials and equipment needed.
- ❒ Ensure station is set-up properly.
- ❒ Provide exit materials and review information, emergency contact information and vaccine site management with clients if necessary.
- ❒ When Exit Station Group Staff reports disruptions and changes in client flow, report to Non-Medical Services Director.
- ❒ Ensure accuracy and completeness of client forms if necessary.
- ❒ Refer client questions to appropriate persons.
- ❒ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❒ Provide routine progress and/or status reports to Non-Medical Services Director.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Pharmaceutical Services Supervisor

Name:

Assigned To POD Area: *Pharmacy*

The Person You Report To: *Operations Chief* **Name:** **Phone:**

Reporting To You Are: *Pharmaceutical Service Group Staff*

Purpose: *To oversee pharmacy activities and pharmaceutical preparation for the POD.*

Qualifications: *Licensed pharmacist, understanding of POD operations.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Ensure station has appropriate forms and equipment needed.
- ❒ Ensure station is set-up properly.
- ❒ Instruct appropriate group staff on the policies and methods for preparation of medications.
- ❒ Assess pharmaceutical supplies and request needed supplies to the Supply/Inventory Leader.
- ❒ Maintain security and proper storage for pharmaceuticals.
- ❒ Distribute pharmaceutical supplies to vaccinator/dispenser stations.
- ❒ Ensure all documents and reports are complete and accurate from and submit to Operations Chief as needed.

- ❒ Ensure scheduled breaks and relief for all group staff.
- ❒ Ensure all group staff are adhering to proper personal protective equipment protocols.
- ❒ Review and confirm staffing levels for next day or next shift with Operations Chief.
- ❒ Provide routine progress and/or status reports to the Operations Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❒ Participate in scheduled debriefing at shift change or close of POD.
- ❒ Return to Workforce Staging Area.
- ❒ Return identification (vest, id badge, etc.).
- ❒ Sign-in equipment.
- ❒ Pick up exit materials, as appropriate.
- ❒ Sign-out.
- ❒ Promptly leave the POD site.
- ❒ Refer all media inquiries to PIO.

Pharmaceutical Services Group Staff

Name:

Assigned To POD Area: *Pharmacy*

The Person You Report To: *Pharmaceutical Services Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To prepare the pharmaceuticals needed for vaccination or dispensing at the POD.*

Qualifications: *Appropriately trained individual qualified to prepare pharmaceuticals under the direction of the pharmacist.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Vaccination Preparation Duties:

- ❒ Set-up pharmacy properly with appropriate forms and equipment needed.
- ❒ Reconstitute vaccine into appropriate dosages according to instructions.
- ❒ Maintain security and proper storage of vaccine.
- ❒ Assess pharmaceutical supplies and request needed supplies to the Pharmaceutical Services Supervisor.
- ❒ Distribute pharmaceutical supplies to vaccinator stations.
- ❒ Provide routine progress and/or status reports to the Pharmaceutical Services Supervisor.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Dispensing Preparation Duties:

- ❒ Set up pharmacy properly with appropriate forms and equipment needed.
- ❒ Create labels for unit of dose bottles as instructed by CDC.
- ❒ Place labels on unit of dose bottles.
- ❒ Maintain security and proper storage of pharmaceuticals.
- ❒ Assess pharmaceutical supplies and request needed supplies to the Pharmaceutical Services Supervisor.
- ❒ Distribute pharmaceutical supplies to dispenser stations.
- ❒ Provide routine progress and/or status reports to the Pharmaceutical Services Supervisor.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at staff change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Special Needs Services Director

Name:

Assigned To POD Area:

The Person You Report To: *Operations Chief* **Name:** **Phone:**

Reporting To You Are: *Mental Health Supervisor, Interpreter Supervisor, Disability Supervisor*

Purpose: *To coordinate clients' special needs services within the POD.*

Qualifications: *Appropriately trained and recognized official with experience with special needs populations, knowledge of POD operations and ICS.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.)
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Confirm and determine number and types of staff available by specialty. Coordinate with Planning Chief if needed.
- ❒ Project needs for additional staff based on number of special needs clients arriving at the POD.
- ❒ Determine if a separate special needs line is needed in the POD for ease of client flow.
- ❒ Ensure availability of a private area to assist clients as needed.
- ❒ Assess current supplies and procure wheelchairs with the Logistics Chief.
- ❒ Work with Floaters/Runners to help with client physical needs as appropriate.
- ❒ Monitor client flow patterns (if there is a special needs line) with the Operations Chief to correct any problems.
- ❒ Ensure that proper documentation is maintained for all activities.
- ❒ Collect documentation as necessary.
- ❒ Ensure scheduled breaks and relief for all staff.
- ❒ Review and confirm staffing levels for next day or next shift with Operations Chief.
- ❒ Provide routine progress and/or status reports to Operations Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❒ Participate in scheduled debriefing at shift change or close of the POD.
- ❒ Return to Workforce Staging Area.
- ❒ Return identification (vest, id badge, etc.).
- ❒ Sign-in equipment.
- ❒ Pick up exit materials, as appropriate.

- ❒ Sign-out.
- ❒ Promptly leave the POD site.
- ❒ Refer all media inquiries to PIO.

Interpreter Supervisor

Name:

Assigned To POD Area:

The Person You Report To: *Special Needs Services Director* **Name:** **Phone:**

Reporting To You Are: *Interpreter Group Staff*

Purpose: *To assist clients with language barriers.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Special Needs Services Director.]

Qualifications: *Linguistically trained individual in interpretation services.*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❒ Sign-out equipment and resource packet.
- ❒ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc.).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to you assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Review and become familiar with all forms and materials to enable easier interpretation.
- ❒ Provide interpretation services as needed.
    - o Assist with forms. May need to verbally ask for the information on the form and write in the information given by the client.
    - o Provide translation of forms and materials, if possible.
- ❒ Accompany clients needing interpretation services through each POD station.
- ❒ Document services and track numbers as appropriate.
- ❒ Provide routine progress and/or status reports to Special Needs Services Director.
- ❒ Review and confirm staffing levels for next day or next shift with Special Needs Services Director.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ If available, perform other duties as needed and approved by the person you report to.

Check-out:

- ❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❒ Participate in scheduled debriefing at shift change or close of POD.
- ❒ Return to Workforce Staging Area.
- ❒ Return identification (vest, id badge, etc.).
- ❒ Sign-in equipment.
- ❒ Pick up exit materials, as appropriate.
- ❒ Sign-out.
- ❒ Promptly leave the POD site.
- ❒ Refer all media inquiries to PIO.

Interpretation Group Staff

Name:

Assigned To POD Area:

The Person You Report To: *Interpreter Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To assist clients with language barriers.*

Qualifications: *Linguistically trained individual in interpretation services. [There should be at least one interpreter for each major language spoken among the population being served and one for sign language.]*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to you assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Review and become familiar with all forms and materials to enable easier interpretation.
- ❑ Provide interpretation services as needed.
    - o Assist with forms. May need to verbally ask for the information on the form and write in the information given by the client.
    - o Provide translation of forms and materials, if possible.
- ❑ Accompany clients needing interpretation services through each POD station.
- ❑ Document services and track numbers as appropriate.
- ❑ Provide routine progress and/or status reports to Interpreter Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ If available, perform other duties as needed and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Disability Supervisor

Name:

Assigned To POD Area:

The Person You Report To: *Special Needs Services Director* **Name:** **Phone:**

Reporting To You Are: *Disability Group Staff*

Purpose: *To assist clients with physical disabilities through the POD.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Special Needs Services Director.]

Qualifications: *Licensed physical or occupational therapist, knowledge of proper wheelchair use.*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❒ Sign-out equipment and resource packet.
- ❒ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ As determined, ensure separate special needs line is properly set-up.
- ❒ Assist clients with special needs individually throughout the POD process as requested.
- ❒ Return equipment, such as wheelchairs, after use.
- ❒ Communicate any equipment needs to the Special Needs Services Director.
- ❒ Ensure that all clients transitioning the POD have had their needs met and are as comfortable as possible with the situation.
- ❒ Utilize Floaters/Runners as appropriate.
- ❑ Review and confirm staffing levels for next day or next shift with Special Needs Services Director.
- ❑ Provide routine progress and/or status reports to the Special Needs Services Director.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Disability Group Staff

Name:

Assigned To POD Area:

The Person You Report To: *Disability Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To assist clients with physical disabilities through the POD.*

Qualifications: *Licensed physical or occupational therapist, knowledge of proper wheelchair use.*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❒ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Set-up separate special needs line properly if needed.
- ❑ Assist clients with special needs individually throughout the POD process as requested.
- ❑ Return equipment, such as wheelchairs, after use.
- ❒ Communicate any equipment needs to the Disability Supervisor.
- ❑ Ensure that all clients transitioning the POD have had their needs met and are as comfortable as possible with the situation.
- ❑ Provide routine progress and/or status reports to the Disability Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Mental Health Group Staff

Name:

Assigned To POD Area:

The Person You Report To: *Mental Health Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To assist clients that may require special counseling and support.*

Qualifications: *Licensed mental health professional.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Set-up private area to assist clients as needed.
- ❒ Float around POD observing and monitoring clients for signs of fatigue or distress.
- ❒ Provide mental health support, education and therapeutic intervention as needed. Refer to outside sources of support as necessary.
- ❒ Document cases of clients and track numbers of clients provided support.
- ❒ Provide routine progress and/or status reports to Mental Health Supervisor.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Mental Health Supervisor

Name:

Assigned To POD Area:

The Person You Report To: *Special Needs Services Director* **Name:** **Phone:**

Reporting To You Are: *Mental Health Group Staff*

Purpose: *To assist clients that may require special counseling or support.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Special Needs Services Director.]

Qualifications: *Licensed mental health professional.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Ensure availability of a private area to assist clients as needed.
- ❑ Float around POD observing and monitoring clients for signs of fatigue or distress.
- ❑ Provide mental health support, education and therapeutic intervention as needed. Refer to outside sources of support as necessary.
- ❑ Document cases of clients and track numbers of clients provided support.
- ❑ Utilize Floaters/Runners as appropriate to assist client throughout the remainder of their POD process or to the exit station.
- ❑ Ensure scheduled breaks and relief for all group staff.
- ❑ Review and confirm staffing levels for next day or next shift with Special Needs Services Director.
- ❑ Provide routine progress and/or status reports to Special Needs Services Director.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Planning Chief

Name:

Assigned To POD Area:

The Person You Report To: *POD Coordinator* **Name:** **Phone:**

Reporting To You Are: *Staff Resources Supervisor, Demobilization Supervisor*

Purpose: *To coordinate and direct the current & forecasted situation on the status of workforce assigned to the POD and plan for demobilization process.*

Qualifications: *Thorough knowledge of ICS, POD operations and management experience.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ At initial briefing, identify resources required for section operations.
- ❑ Obtain from regional planning body, the list of authorized POD staff and volunteers.
- ❑ Confirm with POD Coordinator at least 1 hour prior to POD start time that staffing is adequate.
- ❑ Communicate workforce needs to POD Coordinator.
- ❑ Perform hourly count of clients and number of vaccinations/dispensed medications. Alert Operations Chief of the hourly status.
- ❑ Obtain necessary resources and support through the EOC.
- ❑ Provide routine progress and/or status reports to POD Incident Commander.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - o Workforce sign-in/out sheets.
    - o Workforce vaccination/prophylaxis records.
    - o Equipment sign-in/out sheets.
    - o All completed Job Action Sheets, Unit Logs and General Messages to POD Incident Commander.
- ❑ Ensure scheduled breaks and relief for the section is being appropriately handled.
- ❑ Review and confirm staffing levels for next day or next shift with supervisors.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person your report to.

At POD Closing:

- ❑ Confirm with POD Coordinator process for developing Demobilization Plan (adapted ICS Form 221).
- ❑ Demobilization plan should include:
    - o Instructions on how and when to pack up stations
    - o Maps
    - o Timelines

- Determine who will take possession of all records.
- Assign specific tear down duties at each station and pack all equipment and supplies.
- Track and inventory materials used.
- Arrange to have equipment & supplies returned.
- Coordinate with Facilities Unit to restore facility to pre-POD conditions.
- Secure facility and return keys to proper authority.

Check-out:

- When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- Participate in scheduled debriefing at shift change or close of POD.
- Return to Workforce Staging Area.
- Return identification (vest, id badge, etc.).
- Sign-in equipment.
- Pick up exit materials, as appropriate.
- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Staff Resources Supervisor

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Planning Chief* **Name:** **Phone:**

Reporting To You Are: *Workforce Staging Area Supervisor*

Purpose: *To oversee the Staging Area for staff and volunteers' sign-in/out process, training and vaccination or dispensing.*

Qualifications: *Licensed PODian, nurse or other appropriately trained and recognized health official with the authority to make medically based decisions, understanding of POD operations.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Ensure Staging Area has appropriate materials and equipment needed.
- ❒ Ensure Staging Area is set-up properly.
- ❒ Obtain from Planning Chief list of authorized POD staff and volunteers.
- ❒ Oversee workforce sign-in process and ensure accuracy and completeness of forms.
- ❒ Work with Communications Supervisor for proper distribution of internal communication device (i.e. walkie-talkies) assignments.
- ❒ Coordinate credential and identification process of workforce, if necessary.
- ❒ Oversee workforce vaccination/dispensing and ensure adherence to infection control procedures.
- ❒ Oversee incident specific training.
- ❒ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❒ Answer workforce member questions within scope of training and qualifications.
- ❒ If a family member of a POD worker comes to the POD asking to speak with their family member, contact a Floater/Runner to find/radio the Workforce Services Supervisor. Be sure to keep that family member at the door. Contact security if necessary.
- ❒ Assign a Staging Area group staff member to be the point of contact for families to reach POD staff and volunteers on duty.
- ❒ Ensure scheduled breaks and relief for all Staging Area staff.
- ❒ Review and confirm staffing levels for next day or next shift with Planning Chief.
- ❒ Provide list of workforce per shift to the Workforce Services Supervisor.
- ❒ Maintain Unit Log (adapted ICS Form 214) to document all actions and decisions of group.
- ❒ Provide routine progress and/or status reports to Planning Chief.
- ❒ Monitor colleagues for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Screening Station Supervisor

Name:

Assigned POD Area: *Screening Station*

The Person You Report To: *Medical Services Director* **Name:** **Phone:**

Reporting To You Are: *Screening Station Group Staff*

Purpose: *To screen clients.* [**NOTE:** This position oversees and serves as point person for the group staff. Direction for group staff is under the control of the Medical Services Director.]

Qualifications: *Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with client forms.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Ensure station has appropriate client forms and equipment needed.
- ❒ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❒ Screen clients and validate client signature on consent form.
- ❒ When Screening Station Group Staff reports any disruptions and changes in client flow, report to Medical Services Director.
- ❒ Ensure accuracy and completeness of POD forms.
- ❒ Answer client questions within scope of training and qualifications.
- ❒ Refer clients with extraneous concerns to the appropriate persons.
- ❒ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❒ Provide routine progress and/or status reports to Medical Service Director.
- ❒ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD.
- ❑ Refer all media inquiries to PIO.

Workforce Vaccination/Prophylaxis Leader

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Staff Resources Supervisor* **Name:** **Phone:**

Reporting To You Are: *Workforce Vacc./Prophy. Unit Staff*

Purpose: *To administer vaccination or dispense medication to workforce prior to onset of duties.* [**NOTE:** This position oversees and serves as point person for the unit staff. Direction for unit staff is under the control of the Staff Resources Supervisor.]

Qualifications: *Qualified to administer vaccine or dispense medication under state law or be legally delegated and properly supervised.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Workforce Vaccination/Prophylaxis Duties:

- ❑ Ensure station has appropriate pharmaceuticals, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❑ Perform the following to vaccinate or dispense pharmaceuticals to workforce:
    - o Provide a packet and registration materials and forms.
    - o Assign ID if necessary.
    - o Ensure accuracy and completeness of forms if necessary.
    - o Present educational materials.
    - o Screen and validate signature on consent form.
    - o Vaccinate or dispense medication.
- ❑ Answer questions within scope of training and qualifications.
- ❑ Refer individuals with extraneous concerns to the appropriate persons.
- ❑ Provide routine progress and/or status reports to Staff Resources Supervisor.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Only train on-coming vaccinators if directed to do so.
- ❑ Alternate roles with Vaccinator Assistant as needed.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Workforce Vaccinator Assistant Duties:

- ❑ Assist in setting up station.
- ❑ Assist the vaccinator by:
    - o Preparing needle and vaccine if needed.

    - Reviewing paperwork.
    - Documenting that vaccine was administered on forms.
    - Assisting with bandaging if needed.
- ❑ Collect completed forms if necessary.
- ❑ Alternate roles with Vaccinator as needed.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Workforce Staging Area Unit Staff

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Workforce Staging Area Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To conduct sign-in/out process for staff and volunteers arriving at POD.*

Qualifications: *No specific experience needed.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up Staging Area with appropriate materials and equipment.
- ❑ Conduct sign-in process of staff and volunteers as they arrive at Staging Area.
    - o Sign-in documenting time.
    - o Verify credentials and identification, if necessary.
    - o Ensure identification is appropriately worn.
    - o Sign-out equipment, if necessary.
    - o Distribute resource packets.
- ❑ Refer workforce member questions to appropriate persons.
- ❑ If a family member of a POD worker comes to the POD asking to speak with their family member, contact a Floater/Runner to find/radio the Workforce Services Supervisor. Be sure to keep that family member at the door. Contact security if necessary.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ During shift change or at close of POD, conduct sign-out process of staff and volunteers.
    - o Collect identification.
    - o Sign-in equipment, if necessary.
    - o Hand out exit materials.
- ❑ Report any security breaches or non-workforce individuals in the Staging Area to the Workforce Staging Area Leader.
- ❑ Provide routine progress and/or status reports to Workforce Staging Area Leader.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.

- Participate in scheduled debriefing at shift change or close of POD.
- Return to Workforce Staging Area.
- Return identification (vest, id badge, etc.).
- Sign-in equipment.
- Pick up exit materials, as appropriate.
- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Incident Specific Training Leader

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Staff Resources Supervisor* **Name:** **Phone:**

Reporting To You Are: *Incident Specific Training Unit Staff*

Purpose: *To train workforce on the specific incident or disease that is occurring and to provide an overview of all POD operations.* [**NOTE:** This position oversees and serves as point person for the unit staff. Direction for unit staff is under the control of the Staff Resources Supervisor.]

Qualifications: *Appropriate knowledge or training of mass POD operations and knowledge of ICS.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Determine what level of incident specific training and what type of training is needed.
- ❒ Ensure area has appropriate materials and equipment needed.
- ❒ Present the incident specific training and keep documentation as needed.
- ❒ Answer questions within scope of training and qualifications.
- ❒ Refer workforce members with extraneous concerns to the appropriate person(s).
- ❒ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❒ Provide routine progress and/or status reports to the Staff Resources Supervisor.
- ❒ Monitor colleagues for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Incident Specific Training Unit Staff

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Incident Specific Training Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To train workforce on the specific incident or disease that is occurring and to provide an overview of all POD operations.*

Qualifications: *Appropriate knowledge or training of mass POD operations and knowledge of ICS.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Determine what level of incident specific training and what type of training is needed.
- ❒ Set-up area with appropriate materials and equipment needed.
- ❒ Present the incident specific training and keep documentation as needed.
- ❒ Answer questions within scope of training and qualifications.
- ❒ Refer workforce members with extraneous concerns to the appropriate person(s).
- ❒ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❒ Provide routine progress and/or status reports to Incident Specific Training Leader.
- ❒ Monitor colleagues for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Workforce Vaccination/Prophylaxis Unit Staff

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Workforce Vacc./Prophy. Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To administer vaccination or dispense medication to workforce prior to onset of duties.*

Qualifications: *Qualified to administer vaccine or dispense medication under state law or be legally delegated and properly supervised.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Workforce Vaccination/Prophylaxis Duties:

- ❑ Set-up station with appropriate pharmaceuticals, Personal Protective Equipment (PPE) and other equipment needed.
- ❑ Set-up station including leaving appropriate space for confidentiality.
- ❑ Perform the following to vaccinate or dispense pharmaceuticals to workforce:
    - o Provide packet and registration materials and forms.
    - o Assign ID if necessary.
    - o Ensure accuracy and completeness of forms if necessary.
    - o Present educational materials.
    - o Screen and validate signature on consent form.
    - o Vaccinate or dispense medication.
- ❑ Answer questions within scope of training and qualifications.
- ❑ Refer individuals with extraneous concerns to the appropriate persons.
- ❑ Provide routine progress and/or status reports to Workforce Vacc./Prophy. Leader.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Only train on-coming vaccinators if directed to do so.
- ❑ Alternate roles with Workforce Vaccinator Assistant as needed.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Workforce Vaccinator Assistant Duties:

- ❑ Assist in setting up station.
- ❑ Assist the vaccinator by:
    - o Preparing needle and vaccine if needed.
    - o Reviewing paperwork.

- Documenting that vaccine was administered on forms.
- Assisting with bandaging if needed.

- ❑ Collect completed forms if necessary.
- ❑ Alternate roles with Vaccinator as needed.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Workforce Vaccination/Prophylaxis Leader

Name:

Assigned To POD Area: *Staging Area*

The Person You Report To: *Staff Resources Supervisor* **Name:** **Phone:**

Reporting To You Are: *Workforce Vacc./Prophy. Unit Staff*

Purpose: *To administer vaccination or dispense medication to workforce prior to onset of duties.* [**NOTE:** This position oversees and serves as point person for the unit staff. Direction for unit staff is under the control of the Staff Resources Supervisor.]

Qualifications: *Qualified to administer vaccine or dispense medication under state law or be legally delegated and properly supervised.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Workforce Vaccination/Prophylaxis Duties:

- ❑ Ensure station has appropriate pharmaceuticals, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❑ Perform the following to vaccinate or dispense pharmaceuticals to workforce:
    - o Provide a packet and registration materials and forms.
    - o Assign ID if necessary.
    - o Ensure accuracy and completeness of forms if necessary.
    - o Present educational materials.
    - o Screen and validate signature on consent form.
    - o Vaccinate or dispense medication.
- ❑ Answer questions within scope of training and qualifications.
- ❑ Refer individuals with extraneous concerns to the appropriate persons.
- ❑ Provide routine progress and/or status reports to Staff Resources Supervisor.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Only train on-coming vaccinators if directed to do so.
- ❑ Alternate roles with Vaccinator Assistant as needed.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Workforce Vaccinator Assistant Duties:

- ❑ Assist in setting up station.
- ❑ Assist the vaccinator by:
    - o Preparing needle and vaccine if needed.

    - Reviewing paperwork.
    - Documenting that vaccine was administered on forms.
    - Assisting with bandaging if needed.
- ❑ Collect completed forms if necessary.
- ❑ Alternate roles with Vaccinator as needed.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Demobilization Leader

Name:

Assigned To POD Area:

The Person You Report To: *Planning Chief* **Name:** **Phone:**

Reporting To You Are: *Demobilization Group Staff*

Purpose: *To develop POD Demobilization Plan detailing specific responsibilities and release priorities and procedures for all POD staff.*

Qualifications: *Organizational or management skills.*

Check-In:

- ❑ Sign-in at Workforce Staging Unit located in the Planning Section.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Meet with Planning Chief to develop Demobilization Plan (adapted ICS Form 221).
- ❑ Demobilization plan should include:
    - o Instructions on how and when to pack up stations
    - o Maps
    - o Timelines
- ❑ Determine who will take possession of all records.
- ❑ Tear down and pack all equipment and supplies.
- ❑ Arrange to have equipment & supplies returned.
- ❑ Restore facility to pre-POD conditions.
- ❑ Secure facility and return keys to proper authority.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Logistics Chief

Name:

Assigned To POD Area:

The Person You Report To: *POD Coordinator* **Name:** **Phone:**

Reporting To You Are: *Supply/Inventory Leader, Transportation Leader, Facilities Leader, Communications Supervisor, Workforce Services Supervisor*

Purpose: *To coordinate and direct the work associated with maintenance of the POD and ensure adequate levels of amenities and supplies to support the POD.*

Qualifications: *Thorough knowledge of ICS, POD operations and management experience.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ At initial briefing, identify units within the section to be activated and resources required for section operations.
- ❒ Confirm with POD Coordinator at least 1.5 hours prior to start time that Facilities Unit has set-up all equipment and supplies on site and facility is ready to open.
- ❒ Conduct a general inspection of the facility prior to it becoming operational with the Health and Safety Officer and the facility representative.
- ❒ Confirm that security is on-site.
- ❒ Confirm that transportation and traffic control plans are activated.
- ❑ Obtain information and updates from those reporting to you for resources needed and resources requested.
- ❑ Obtain necessary resources through EOC.
- ❑ Communicate all requests for incoming and outgoing resources with POD Coordinator.
- ❑ When requests come from the Operations Chief on the need for additional pharmaceuticals, determine through the Supply/Inventory Leader if enough supplies are on-site or if supplies need to be ordered through the EOC.
- ❑ Coordinate medical waste management according to pre-arranged agreements through the EOC.
- ❑ Ensure appropriate number of workforce meals are being planned with Workforce Services Supervisor.
- ❑ Provide routine progress and/or status reports to POD Coordinator.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - o All supply and inventory documents.
    - o All sign off documents when supplies were delivered.
    - o Modified POD floor plan if available.
    - o Workforce Medical Unit Staff activity documentation.
    - o POD Communication Plan.

- Documentation from waste removal services.
- All completed Job Action Sheets, Unit Logs and General Messages to POD Incident Commander.

- ❒ Anticipate possible resource needs and support requirements for the POD.
- ❑ Coordinate with the EOC when receiving notification of significant illnesses and injuries from the Medical Unit Staff.
- ❑ Ensure scheduled breaks and relief for the section is being appropriately handled.
- ❑ Review and confirm staffing levels for next day or next shift with supervisors and leaders.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Supply/Inventory Leader

Name:

Assigned To POD Area:

The Person You Report To: *Logistics Chief* **Name:** **Phone:**

Reporting To You Are: *Supply/Inventory Unit Staff*

Purpose: *To organize, gather and distribute medical and non-medical care equipment and supplies.*

Qualifications: *Knowledge of SNS, mass POD operations, ICS, pharmaceutical storage and handling and inventory tracking and good organizational skills. May involve moderate physical requirements such as movement and carrying supplies.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conducting briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Obtain mass POD kits and inventory documentation from Facilities Unit Leader.
- ❑ Coordinate for arrival of Interim Stockpile caches.
- ❑ Coordinate for arrival of SNS supplies:
    - o Prepare loading docks and hand trucks if necessary.
    - o Establish refrigeration needs.
    - o Procure security needs for controlled substances.
    - o Establish documentation and sign-off procedures for supplies when delivered.
- ❒ Ensure that current and future resource and supply requirements have been closely estimated.
- ❒ Maintain an inventory and accountability record of supplies and equipment.
- ❒ Process all orders for resources and supplies working with the Finance and Administration Section.
- ❒ Ensure scheduled breaks and relief for unit staff.
- ❒ Review and confirm staffing levels for next day or next shift with Logistics Chief.
- ❒ Provide routine progress and/or status reports to Logistics Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).

- Sign-in equipment.
- Pickup exit materials, as appropriate.
- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Supply/Inventory Unit Staff

Name:

Assigned To POD Area:

The Person You Report To: *Supply/Inventory Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To organize, gather and distribute medical and non-medical care equipment and supplies.*

Qualifications: *Knowledge of pharmaceutical storage, handling and inventory tracking and good organizational skills. May involve moderate physical requirements such as movement and carrying supplies.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Assist with arrival of Interim Stockpile caches.
- ❑ Assist with arrival of SNS supplies:
  - o Prepare loading docks and hand trucks if necessary.
  - o Establish refrigeration needs.
  - o Procure security needs for controlled substances.
  - o Establish documentation and sign-off procedures for supplies when delivered.
- ❑ Ensure that current and future resource and supply requirements have been closely estimated and inform Supply/Inventory Leader.
- ❑ Maintain an inventory and accountability record of supplies and equipment.
- ❑ Assist in processing all orders for resources and supplies.
- ❑ Provide routine progress and/or status reports to Supply/Inventory Leader.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Transportation Leader

Name:

Assigned To POD Area:

The Person You Report To: *Logistics Chief* **Name:** **Phone:**

Reporting To You Are: *Transportation Unit Staff*

Purpose: *To coordinate the transportation of casualties from the POD as needed. Arrange for transportation of the community, workforce and resources to and from the POD.*

Qualifications: *Knowledge of POD operations, ICS and transportation services in the community.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Assess all transportation requirements.
- ❑ Coordinate the transport of the community to and from the POD as needed.
- ❑ Coordinate the transport of resources into the POD.
- ❑ Communicate with local transportation services to coordinate the transport.
- ❑ Communicate with Liaison Officer for local law enforcement to coordinate the transport or for special road assignments.
- ❑ Assemble and record information on the use of rental, contract and agency transportation equipment.
- ❑ Ensure that all agreements, contracts and inspections are completed and copies filed with the Procurement Unit.
- ❑ Document needed information and track resources as necessary.
- ❑ Provide routine progress and/or status reports to Logistics Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify your supervisor as appropriate.
- ❑ Perform other duties as assigned and approved by your supervisor.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Facilities Leader

Name:

Assigned To POD Area:

The Person You Report To: *Logistics Chief* **Name:** **Phone:**

Reporting To You Are: *Facilities Unit Staff*

Purpose: *To coordinate the set-up of the entire POD prior to POD opening and coordinate maintenance activities for the duration of the POD.*

Qualifications: *Understanding of POD set-up and client flow and knowledge of OSHA, infection control and PPE. May involve moderate physical requirements such as movement and carrying supplies.*

Set-up Duties:

- ❑ Contact appropriate facility representative to open the facility.
- ❑ Call pre-designated Facilities Unit Staff to report for POD set-up.
- ❑ Contact the POD Incident Commander (or Logistics Chief if already assigned) to brief on Facilities Unit Staff availability and POD set-up timeline.
- ❑ Ensure that security will be on site when setting up the POD.
- ❑ Ensure that transportation issues (such as snow plowing) and traffic control plans are activated.
- ❑ When traffic control personnel arrive on site, be sure to coordinate plans with them.
- ❑ Gather appropriate supplies (i.e. POD kits) and document the inventory.
- ❑ Set-up POD according to POD floor plan.
- ❑ Set up, test, maintain and arrange for repair of technological equipment (i.e. fax, copy machines, phones, etc.). Work with Communications Supervisor as needed.
- ❑ Attend initial briefing/planning meeting with Command Staff and Section Chiefs to review POD set-up.
- ❑ Turn over remaining POD kits and inventory documentation to Supply/Inventory Leader when that position is assigned.

Check-In:

- ❑ Sign-in at Workforce Staging Area once established and opened.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Maintenance Duties:

- ❑ Determine appropriate number of staff needed for on-going maintenance of POD.
- ❑ Reassess POD set-up if disruptions in client flow patterns are reported by the Operations Chief.
- ❑ Develop a schedule for removal of garbage from workforce food area and throughout POD.
- ❑ Coordinate medical waste management according to pre-arranged agreements through the Logistics Chief.
- ❑ Assist with spills and clean up while monitoring proper OSHA standards.
- ❑ Develop a schedule for monitoring restroom supplies and clean up.

- ❑ Continuously work with facility representative for facility maintenance needs.
- ❑ Ensure scheduled breaks and relief for unit staff.
- ❑ Review and confirm staffing levels for next day or next shift with Logistics Chief.
- ❑ Provide routine progress and/or status reports to Logistics Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

At POD Closing:

- ❒ Coordinate with Planning Chief plans for demobilization.
- ❒ Assist with restoring facility to pre-POD conditions.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Facilities Unit Staff

Name:

Assigned To POD Area:

The Person You Report To: *Facilities Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To set-up of the entire POD prior to POD opening and provide maintenance activities for the duration of the POD.*

Qualifications: *Understanding of POD set-up and client flow. May involve moderate physical requirements such as movement and carrying supplies.*

Set-up Duties:

- ❑ Gather appropriate supplies (i.e. POD kits) and document the inventory.
- ❑ Set-up POD according to POD floor plan.
- ❑ Set up, test, maintain and arrange for repair of technological equipment (i.e. fax, copy machines, phones, etc.). Work with Communications Supervisor as needed.
- ❑ Assist with any transportation or traffic control set-up needs.

Check-In:

- ❑ Sign-in at Workforce Staging Area once established and opened.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Maintenance Duties:

- ❑ Adjust POD set-up as identified by Facilities Leader.
- ❑ Follow schedule for removal of garbage from workforce food area, restrooms and throughout POD.
- ❑ Follow medical waste management protocols for removal of medical waste.
- ❑ Assist with spills and clean up while monitoring proper OSHA standards.
- ❑ Continuously work with facility representative for facility maintenance needs.
- ❑ Provide routine progress and/or status reports to Facilities Leader.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.

- Pick up exit materials, as appropriate.
- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Security Manager

Name:

Assigned To POD Area:

The Person You Report To: *Facilities Leader* **Name:** **Phone:**

Reporting To You Are:

Purpose: *Provide safeguards necessary for protection of POD property and staff from loss or damage.*

Qualifications: *Understanding of POD set-up and POD flow. Law enforcement or security background Required.*

Set-up Duties:
- ❑ Perform security assessment of facility.
- ❑ Contact the POD Coordinator (or Logistics Chief if already assigned) to identify security needs.
- ❑ Determine the number of security staff that would be needed to provide adequate security.
- ❑ Develop security plan and traffic control plan accordingly
- ❑ Attend initial briefing/planning meeting with Command Staff and Section Chiefs to review POD set-up.

Check-In:
- ❑ Sign-in at Workforce Staging Area once established and opened.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.

Maintenance Duties:
- ❑ Establish contacts with local law enforcement as required.
- ❑ Monitor and adjust security and traffic plans accordingly
- ❑ Record all incident related complaints and suspicious occurrences
- ❑ Review and confirm staffing levels for next day or next shift with Facilities Leader.
- ❑ Provide routine progress and/or status reports to Facilities Leader.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

At POD Closing:
- ❑ Coordinate with Planning Chief plans for demobilization.
- ❑ Assist with restoring facility to pre-POD conditions.

Check-out:
- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.

- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Communications Supervisor

Name:

Assigned To POD Area:

The Person You Report To: *Logistics Chief* **Name:** **Phone:**

Reporting To You Are: *Communications Group Staff, Information Technology Leader*

Purpose: *To coordinate internal and external communication resources and the technology infrastructure of POD.*

Qualifications: *Knowledge of the POD site's technology infrastructure and communication devices.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Establish contact with Liaison Officer for external communication coordination (i.e. radios).
- ❑ Work with Workforce Staging Area for internal communication (i.e. walkie-talkies) assignments.
- ❑ Develop a POD Communication Plan to include:
    - o Assessment of technological equipment (i.e. fax, phones) and communication device (i.e. radios) needs.
    - o Assessment of internal and external telephone system.
    - o Inventory the technological equipment and communication devices to provide for accountability and for demobilization purposes.
    - o Contingency plans for power and telephone outages such as using amateur radio operators.
    - o Proper storage of all communication equipment.
- ❑ Request needed items through the Logistics Chief.
- ❑ Establish a POD message board for the Command Staff and Section Chiefs.
- ❑ Set up, test, maintain and arrange for repair of technological equipment and communication devices. Work with Facilities Leader as needed.
- ❑ Ensure scheduled breaks and relief for all group staff.
- ❑ Review and confirm staffing levels for next day or next shift with Logistics Chief.
- ❑ Provide routine progress and/or status reports to Logistics Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.

- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Communications Group Staff

Name:

Assigned To POD Area:

The Person You Report To: *Communications Supervisor* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To maintain internal and external communication resources and the technology infrastructure of POD.*

Qualifications: *Knowledge of the POD site's technology infrastructure and communication devices.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Assist in development of the POD Communication Plan.
- ❑ Maintain technological equipment (i.e. fax, phones) and communication device (i.e. radios) inventory to provide for accountability and for demobilization purpose.
- ❑ Ensure proper use and storage of all communication equipment.
- ❑ Distribute communication devices to appropriate workforce.
- ❑ Monitor POD message board for the Command Staff and Section Chiefs.
- ❑ Set-up, test, maintain, and arrange for repair of all technological equipment and communication devices. Work with Facilities Leader as needed.
- ❑ Provide routine progress and/or status reports to Communications Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Information Technology Leader

Name:

Assigned To POD Area:

The Person You Report To: *Communications Supervisor* **Name:** **Phone:**

Reporting To You Are: *Information Technology Unit Staff*

Purpose: *To assist with any problems with technical equipment at the POD site.* [**NOTE:** This position oversees and serves as point person for the unit staff. Direction for unit staff is under the control of the Communications Supervisor.]

Qualifications: *Knowledge of the POD site's technology infrastructure.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Assist setting up technological equipment such as computers, etc.
- ❑ Assist with technology problems when requested.
- ❑ Ensure back up and protection of existing and on-going data on computer systems.
- ❑ When Information Technology Unit Staff report disruptions, report to Communications Supervisor.
- ❑ Provide routine progress and/or status reports to Communications Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Information Technology Unit Staff

Name:

Assigned To POD Area:

The Person You Report To: *Information Technology Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To assist with any problems with technical equipment at the POD site.*

Qualifications: *Knowledge of the POD site's technology infrastructure.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Set-up technological equipment such as computers, etc.
- ❑ Assist with technology problems when requested.
- ❑ Assist with back up and protection services of existing and on-going data on computer systems.
- ❑ Report disruptions to Information Technology Leader.
- ❑ Provide routine progress and/or status reports to Information Technology Leader.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Workforce Services Supervisor

Name:

Assigned To POD Area:

The Person You Report To: *Logistics Chief* **Name:** **Phone:**

Reporting To You Are: *Food Leader, Medical Leader, Mental Health Leader*

Purpose: *To provide services for workforce of the POD.*

Qualifications: *Appropriate knowledge in ICS and management experience.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Receive list of the workforce per shift from the Workforce Staging Area Supervisor.
- ❑ Work with Logistics Chief and Food Leader to determine the number of workforce needing meals and estimate number of meals to be served for the duration of the POD.
- ❑ Assist with space, facilities set-up and equipment for workforce food area and workforce medical/mental health area.
- ❑ Approve contingency plans for continuing food service.
- ❑ Enforce rules for safe food handling.
- ❑ Monitor workforce flow patterns during meals.
- ❑ Request assistance from outside medical personnel if needed and brief Logistics Chief.
- ❑ Ensure proper documentation is maintained for all workforce medical/mental health unit activities.
- ❑ Serve as the contact person for family members looking for a POD worker by taking a message at the door.
- ❑ Ensure scheduled breaks and relief for all unit staff.
- ❑ Review and confirm staffing levels for next day or next shift with Logistics Chief.
- ❑ Provide routine progress and/or status reports to Logistics Chief.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).

- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Food Leader

Name:

Assigned To POD Area:

The Person You Report To: *Workforce Services Supervisor* **Name:** **Phone:**

Reporting To You Are: *Food Unit Staff*

Purpose: *To oversee and coordinate food and water distribution for workforce.*

Qualifications: *Food inspection or food handling experience preferred.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Work with Workforce Services Supervisor to determine the number of workforce needing meals and estimate number of meals to be served for the duration of the POD.
- ❑ Determine space and facilities needed for kitchen and feeding area set-up.
- ❑ Ensure food service facilities are set-up properly.
- ❑ Determine mealtimes coordinating with shift changes.
- ❑ Develop contingency plans to ensure continuing food service.
- ❑ Establish and operate supplemental food system consisting of extra snacks, fruit, beverages and condiments.
- ❑ Submit list of food and water needs to Supply/Inventory Leader.
- ❑ Inventory food and water supply and estimate when re-supply will be needed.
- ❑ Make safety and health rules known to Food Unit Staff regarding food handling.
- ❑ Develop schedule for removal of garbage.
- ❑ Monitor workforce flow patterns during meals.
- ❑ Ensure scheduled breaks and relief for all unit staff.
- ❑ Review and confirm staffing levels for next day or next shift with Workforce Services Supervisor.
- ❑ Provide routine progress and/or status reports to Workforce Services Supervisor.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.

- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Food Unit Staff

Name:

Assigned To POD Area:

The Person You Report To: *Food Leader* **Name:** **Phone:**

Reporting To You Are: *n/a*

Purpose: *To coordinate food and water distribution for workforce.*

Qualifications: *Food handling experience preferred.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Set-up food service facilities.
- ❒ Operate supplemental food system consisting of extra snacks, fruit, beverages and condiments.
- ❒ Submit list of food and water needs to Food Leader if observing decreased supplies.
- ❒ Inventory food and water supply and estimate when re-supply will be needed.
- ❒ Observe safety and health rules regarding food handling during meals.
- ❒ Remove garbage as needed.
- ❒ Monitor workforce flow patterns during meals.
- ❒ Provide routine progress and/or status reports to Food Leader.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Mental Health Leader

Name:

Assigned To POD Area:

The Person You Report To: *Workforce Services Supervisor* **Name:** **Phone:**

Reporting To You Are: *Mental Health Unit Staff*

Purpose: *To assist workforce that may require special counseling or support.*

Qualifications: *Licensed mental health professional.*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❒ Sign-out equipment and resource packet.
- ❒ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc.).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Ensure availability of a private area to assist workforce as needed.
- ❒ Provide mental health support, education and therapeutic intervention as needed. Refer to outside sources of support as necessary.
- ❑ Document cases and track numbers. Provide this information to the Workforce Services Supervisor.
- ❑ Provide routine progress and/or status reports to Workforce Services Supervisor.
- ❑ Ensure that proper documentation is maintained for all activities.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to person you report to.
- ❒ Participate in scheduled debriefing at shift change or close of POD.
- ❒ Return to Workforce Staging Area.
- ❒ Return identification (vest, id badge, etc.).
- ❒ Sign-in equipment.
- ❒ Pick up exit materials, as appropriate.
- ❒ Sign-out.
- ❒ Promptly leave the POD site.
- ❒ Refer all media inquiries to PIO.

Medical Leader

Name:

Assigned To POD Area:

The Person You Report To: *Workforce Services Supervisor* **Name:** **Phone:**

Reporting To You Are: *Medical Unit Staff*

Purpose: *To assist workforce who may require medical care.*

Qualifications: *Licensed clinician, nurse or other appropriately trained profession with the authority to make medically based decisions.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to you assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Ensure availability of an area to assist workforce with medical needs.
- ❑ Ensure the area has appropriate supplies, PPE and other equipment needed.
- ❑ Ensure the area is set-up properly including leaving appropriate space for confidentiality.
- ❑ Provide medical care for workforce.
- ❑ Document cases and track numbers. Provide this information to the Workforce Services Supervisor.
- ❑ Request assistance from outside medical personnel if needed through the Workforce Services Supervisor.
- ❑ Refer workforce needing mental health support to the mental health professionals within the POD.
- ❑ Coordinate with the EOC through the Logistics Chief in handling significant illnesses and injuries.
- ❑ Alert the Health and Safety Officer to initiate an accident investigation per case as necessary.
- ❑ Provide routine progress and/or status reports to Workforce Services Supervisor.
- ❑ Ensure that proper documentation is maintained for all activities.
- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Finance and Administration Chief

Name:

Assigned To POD Area:

The Person You Report To: *POD Incident Commander* **Name:** **Phone:**

Reporting To You Are: *Time Leader, Client Data Entry Leader, Claims/Compensation Leader, Procurement Leader, Cost Leader*

Purpose: *To ensure accurate collection and reporting of POD documents and records.*

Qualifications: *Knowledge of ICS and POD operations.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc.).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Conduct briefing for those reporting to you.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ At initial briefing, identify resources required for section operations.
- ❑ Coordinate with EOC for financial and cost information if necessary.
- ❑ Obtain resources needed throughout documentation process.
- ❑ Maintain security of documents and records.
- ❑ Ensure accuracy of documents in compliance with the proper jurisdictions and/or EOC policies.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately prior to demobilization.
- ❑ Collect all completed Job Action Sheets, Unit Logs and General Messages.
- ❑ Ensure scheduled breaks and relief for all unit staff.
- ❑ Review and confirm staffing levels for next day or next shift.
- ❑ Provide routine progress and/or status reports to POD Incident Commander.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Time Leader

Name:

Assigned To POD Area:

The Person You Report To: *Finance & Administration Chief* **Name:** **Phone:**

Reporting to You Are: *n/a*

Purpose: *To record daily personnel time in compliance with specific agency(s) time recording policies.*

Qualifications: *Knowledge of computer applications.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❑ Receive vaccination/prophylaxis, if not already treated.
- ❑ Receive and put on identification (vest, id badge, etc).
- ❑ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❑ Attend briefing.
- ❑ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❑ Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by Finance and Administration Chief. This may include:
  - o Workforce time logs.
  - o Overtime logs.
  - o Agency specific records and summaries.
  - o Unit log/status report compilation.
- ❒ Maintain security of documents and records.
- ❒ Ensure that all records are current and complete prior to demobilization.
- ❒ Report disruptions and changes to Finance and Administration Chief.
- ❒ Release reports to Finance and Administration Chief as requested.
- ❒ Provide routine progress and/or status reports to Finance and Administration Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Client Data Entry Leader

Name:

Assigned To POD Area:

The Person You Report To: *Finance & Administration Chief* **Name:** **Phone:**

Reporting to You Are: *n/a*

Purpose: *To enter client vaccination/prophylaxis data into appropriate database.*

Qualifications: *Knowledge of computer applications.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by Finance and Administration Chief. This may include:
    - o Client data entry into the WIR or other appropriate database.
    - o Agency specific records and summaries.
    - o Unit log/status report compilation.
- ❒ Maintain security of documents and records.
- ❒ Ensure that all records are current and complete prior to demobilization.
- ❒ Report disruptions and changes to Finance and Administration Chief.
- ❒ Release reports to Finance and Administration Chief as requested.
- ❒ Provide routine progress and/or status reports to Finance and Administration Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Claims/Compensation Leader

Name:

Assigned To POD Area:

The Person You Report To: *Finance & Administration Chief* **Name:** **Phone:**

Reporting to You Are: *n/a*

Purpose: *To complete all forms required by Workers Compensation and local agencies, maintain a file of injuries and illnesses associated with the POD, investigate all claims involving property associated with the POD.*

Qualifications: *Knowledge of computer applications.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Establish contact with event Health and Safety Officer and Medical Leader for coordination of accident investigation reports.
- ❒ Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by Finance and Administration Chief. This may include:
    - o Accident investigation reports.
    - o Agency specific records and summaries.
    - o Unit log/status report compilation.
- ❒ Maintain security of documents and records.
- ❒ Ensure that all records are current and complete prior to demobilization.
- ❒ Report disruptions and changes to Finance and Administration Chief.
- ❒ Release reports to Finance and Administration Chief as requested.
- ❒ Provide routine progress and/or status reports to Finance and Administration Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.

- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Procurement Leader

Name:

Assigned To POD Area:

The Person You Report To: *Finance & Administration Chief* **Name:** **Phone:**

Reporting to You Are: *n/a*

Purpose: *To manage all financial matters pertaining to vendor contracts, leases and fiscal agreements, establish local resources for equipment and supplies, manage all equipment rental agreements, process rental and supply billing invoices.*

Qualifications: *Knowledge of computer applications.*

Check-In:

- ❑ Sign-in at Workforce Staging Area.
- ❑ Sign-out equipment and resource packet.
- ❑ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by Finance and Administration Chief. This may include:
    - o Contracts and agreements with supply vendors.
    - o Resource logs.
    - o Agency specific records and summaries.
    - o Unit log/status report compilation.
- ❒ Coordinate cost data in contracts with Cost Unit Leader.
- ❒ Maintain security of documents and records.
- ❒ Ensure that all records are current and complete prior to demobilization.
- ❒ Report disruptions and changes to Finance and Administration Chief.
- ❒ Release reports to Finance and Administration Chief as requested.
- ❒ Provide routine progress and/or status reports to Finance and Administration Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❒ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.

- Sign-out.
- Promptly leave the POD site.
- Refer all media inquiries to PIO.

Cost Leader

Name:

Assigned To POD Area:

The Person You Report To: *Finance & Administration Chief* **Name:** **Phone:**

Reporting to You Are: *n/a*

Purpose: *To provide all incident cost analysis, identify workforce and equipment requiring payment, record all cost data, prepare estimates of POD costs.*

Qualifications: *Knowledge of computer applications.*

Check-In:

- ❒ Sign-in at Workforce Staging Area.
- ❒ Sign-out equipment and resource packet.
- ❒ Review Job Action Sheet.
- ❒ Receive vaccination/prophylaxis, if not already treated.
- ❒ Receive and put on identification (vest, id badge, etc).
- ❒ Sign necessary forms, if applicable (confidentiality forms, etc.).
- ❒ Attend briefing.
- ❒ Report to your assigned POD area for observation before beginning duties as needed.

Duties:

- ❒ Prepare documents in compliance with the proper jurisdictions and/or EOC policies as assigned by Finance and Administration Chief. This may include:
    - o Cost summaries or spreadsheets.
    - o Agency specific records and summaries.
    - o Unit log/status report compilation.
- ❒ Maintain security of documents and records.
- ❒ Ensure that all records are current and complete prior to demobilization.
- ❒ Report disruptions and changes to Finance and Administration Chief.
- ❒ Release reports to Finance and Administration Chief as requested.
- ❒ Provide routine progress and/or status reports to Finance and Administration Chief.
- ❒ Monitor colleagues and clients for signs of fatigue or stress. Notify the person you report to as appropriate.
- ❒ Perform other duties as assigned and approved by the person you report to.

Check-out:

- ❑ When relieved, hand-in all documents, including Job Action Sheet with feedback, to the person you report to.
- ❑ Participate in scheduled debriefing at shift change or close of POD.
- ❑ Return to Workforce Staging Area.
- ❑ Return identification (vest, id badge, etc.).
- ❑ Sign-in equipment.
- ❑ Pick up exit materials, as appropriate.
- ❑ Sign-out.
- ❑ Promptly leave the POD site.
- ❑ Refer all media inquiries to PIO.

Appendix 14: Point of Dispensing (POD) Site Guide – Hepatitis A

Written by: Cynthia Learson, RN, and Darlene Morse, RN
New Hampshire Department of Health and Human Services
Division of Public Health Services
Communicable Disease Control Section

Table of Contents for Hepatitis A Appendix

This Hepatitis A appendix has been developed as a supplement to the more generic Point of Dispensing Guide. The Hepatitis A appendix is not a stand-alone guide. It is expected that first the general manual would be reviewed, and then planners and clinic managers would turn to this appendix for guidance regarding considerations for clinics focused on Hepatitis A prevention.

Introduction

Hepatitis A continues to be one of the most frequently reported vaccine-preventable diseases in the United States. Hepatitis A is an infection of the liver caused by the Hepatitis A virus (HAV). HAV is usually transmitted by fecal-oral route, most often from close person-to-person contact. Common source outbreaks have been related to contaminated water, food contaminated by infected food handlers, and contaminated produce such as lettuce and strawberries. Several community wide outbreaks in the U.S. and Europe have been associated with illegal drug use.

HAV, a 27-nm RNA agent classified as a picornavirus, can produce either asymptomatic or symptomatic infection in humans after an average incubation period of 28 days (range, 15-50 days). The illness caused by HAV infection typically has an abrupt onset of symptoms that can include fever, malaise, anorexia, nausea, abdominal discomfort, dark urine, and jaundice. The likelihood of having symptoms with HAV infection is related to the person's age. In children less than 6 years of age, most (70%) infections are asymptomatic; if illness does occur, it is not usually accompanied by jaundice. Among older children and adults, infection is usually symptomatic, with jaundice occurring in greater than 70% of patients. Signs and symptoms usually last less than 2 months, although 10%-15% of symptomatic persons have prolonged or relapsing disease lasting up to 6 months.

In infected persons, HAV replicates in the liver, is excreted in bile, and is shed in the stool. Peak infectivity of infected persons occurs during the 2-week period before onset of jaundice or elevation of liver enzymes, when the concentration of virus in stool is highest. The concentration of virus in stool declines after jaundice appears. Children and infants can shed HAV for longer periods than adults, up to several months after the onset of clinical illness. Chronic shedding of HAV in feces does not occur; however, shedding can occur in persons who have relapsing illness. Viremia occurs soon after infection and persists through the period of liver enzyme elevation.

Routes of Transmission

HAV infection is acquired primarily by the fecal-oral route by either person-to-person contact or ingestion of contaminated food or water. On rare occasions, HAV infection has been transmitted by transfusion of blood or blood products collected from donors during the viremic phase of their infection. Depending on conditions, HAV can be stable in the environment for months (18). Heating foods at temperatures greater than 185 F (85 C) for 1 minute or disinfecting surfaces with a 1:100 dilution of sodium hypochlorite (i.e., household bleach) in tap water is necessary to inactivate HAV.

Burden of Hepatitis A

Each year in the United States, an estimated 100 persons die as a result of acute liver failure due to Hepatitis A. Although the case-fatality rate for fulminant hepatitis A among persons of all ages with acute Hepatitis A reported to CDC is approximately 0.3%, the rate is 1.8% among adults greater than 50 years of age; persons with chronic liver disease are at increased risk for fulminant Hepatitis A.

The costs associated with Hepatitis A are substantial. Between 11% and 22% of persons who have Hepatitis A are hospitalized. Adults who become ill lose an average of 27 days of work.

Prophylaxis Against Hepatitis A Virus Infection

Immune Globulin (IG)

IG is a sterile preparation of concentrated antibodies (immunoglobulins) made from pooled human plasma processed by cold ethanol fractionation. In the United States, only plasma that has tested negative for a) hepatitis B surface antigen (HBsAg), b) antibody to human immunodeficiency virus (HIV), and c) antibody to hepatitis C virus (HCV) is used to produce IG. No transmission of hepatitis B virus, HIV, HCV, or other viruses has been reported from IG for intramuscular administration (IGIM).

IG provides protection against Hepatitis A through passive transfer of antibody. Both IGIM and IG for intravenous administration (IGIV) contain anti-HAV, but IGIM is the product used for the prevention of HAV infection. When administered within 2 weeks following an exposure to HAV (0.02 mL/kg IM), IG is greater than 85% effective in preventing Hepatitis A. Efficacy is greatest when IG is administered early in the incubation period.

IGIM is available in single-use (2-mL) and multidose (10-mL) vials. Some preparations are formulated without a preservative; other preparations include thimerosal as a preservative in a concentration of 100 mg/L. When administration of IGIM is indicated for infants or pregnant women, preparations that do not contain thimerosal should be used.

For administration of IGIM, an appropriate muscle mass (i.e., the deltoid or gluteal muscle) should be chosen into which a large volume can be injected by using a needle length appropriate for the person's age and size. If a gluteal muscle is used, the central region of the buttock should be avoided: only the upper outer quadrant should be used, and the needle should be directed anteriorly to minimize the possibility of injury to the sciatic nerve.

Serious adverse events from IGIM are rare. Anaphylaxis has been reported after repeated administration to persons who have known immunoglobulin A (IgA) deficiency; thus, IGIM should not be administered to these persons. Pregnancy or lactation is not a contraindication to IG administration.

Hepatitis A Vaccine (HAV)

Hepatitis A vaccine is an inactivated whole virus. Two doses of the vaccine are recommended with the second dose being given between 6-18 months after the first. This vaccine will provide 95% immunity within 4 weeks of the first dose. Immunity of 100% is achieved following the second dose of the vaccine.

There are some people who should routinely receive vaccination for Hepatitis A:

- Persons who are 2 years of age or older who will be traveling or working in countries that have high incidence of Hepatitis A
- Children and adolescents who live in communities where vaccination is recommended
- Men who have sex with men
- Persons who use street drugs
- Persons who have chronic liver disease

- Persons who are treated with clotting factor concentrates
- Persons who work with HAV-infected primates or who work with HAV in labs
- Communities where there are currently outbreaks of Hepatitis A

People who should not receive Hepatitis A vaccine include:

- Anyone who had an adverse reaction to a previous dose of Hepatitis A vaccine
- Anyone who had an adverse reaction to any component of the vaccine
- Anyone who is moderately or severely ill
- Any woman who is pregnant

As with any medication there can be risks. Mild reactions can include: soreness at injections site, headache, loss of appetite and fatigue. Severe allergic reactions, although rare, can occur within a few minutes to a few hours of injection.

There are two different vaccines that are currently available for Hepatitis A vaccination. Havrix© is available in 2 formulations: pediatric (720EL.U per 0.5ml) and adult (1440EL.U. per 1.0ml). The other medication is VAQTA© that is also available in a pediatric (25U per dose) and adult (50U per dose). As of August 11, 2005 the FDA has approved VAQTA as the **ONLY** hepatitis A vaccine that is approved for children as young as 12 months. Havrix is not to be given to children under 2 years of age. The medication should be administered intramuscularly into the deltoid muscle using the appropriate needle length.

Hepatitis A Vaccine (HAV) versus Hepatitis A Immune Globulin (HAIG)

It may be necessary on an individual basis to administer both HAIG and HAV. Identified close personal contacts to a case of Hepatitis A will be recommended to receive post exposure prophylaxis within 2 weeks of last exposure. IG is recommended for close contacts at that time because of its immediate effectiveness. Hepatitis A vaccine may also be given at the same time as IG because HAV will not reach its protective immunity levels for 4 weeks.

State Level Hepatitis A Challenges

Beginning in early 2005, New Hampshire Department of Health and Human Services (NH DHHS) began receiving reports of an increasing number of Hepatitis A Virus (HAV) cases in the state. The number of confirmed cases in 2005 is above the baseline number of cases we have seen in recent years in NH. As of July 2, 2005, the statewide case rate was 4.1 per 100,000 persons, compared to 2.1 per 100,000 in 2004 and 1.5 per 100,000 in 2003. The highest rates are in Merrimack County, with 17.9 per 100,000 persons, Cheshire County with 14.3 per 100,000, and Rockingham County with 2.4 per 100,000. One risk factor associated with the outbreak that differs from those associated with NH cases of HAV in past years is the use of illicit drugs. In 2004 the percentage of reported HAV cases who had illicit drug use as a known risk factor was 8%, while in 2005 that figure has risen to 60%. The risk factors for acquiring HAV include sexual contact with an infected person, men who have sex with men (MSM), and illicit drug use (both injection and non-injection).

Lessons Learned

The NH DHHS has been involved with one large-scale community clinic for hepatitis A IG in Derry NH (with some IG being given simultaneously at the Manchester Health Department for containment of same outbreak) during February of 2004.

Building on the lessons of a meningitis prevention clinic held in Keene previously, DHHS and DOS teamed with local community emergency response partners, followed the ICS structure and successfully vaccinated 2,500 people over a day and a half. DHHS and our local partners completed a clinic debriefing and documented several lessons from the Derry experience. Some of this feedback was used to develop the clinic set-up information provided in this appendix.

Important clinic related lessons included:

- The need to have clear definition of roles between state and local partners
- Staffing and supply needs must be well defined early
- Supply procurement has to be quick and, if feasible, a stockpile should be reserved pre-event as the time between clinic request and start is only a few days
- Special planning is needed for pediatric services
- Standardized training is needed
- Planning for breaks is important
- Advanced identification of needed data elements
- Anticipate and work with media coverage

Communications

Communications planning should follow the steps detailed in the general guide. A sample press release for a Hepatitis A clinic is provided below.

Sample Press Release

Concord NH: State Epidemiologist _____today announced that the department would offer its Hepatitis A clinic **where and when**.

The clinic will be held at _____

The Department of Health has been actively involved in investigating the Hepatitis A outbreak and providing those at risk for infection with immune globulin (IG) during the past week.

Concerned residents are encouraged to contact their doctors with questions or to get tested for Hepatitis A. The Department of Health's toll-free information line (1-000-000-0000) will also remain available to answer any questions."

The department is recommending that individuals who ate at _____ on _____ receive an injection of immune globulin, an antibody treatment that will greatly lessen the chance of acquiring the disease. People who ate at the restaurant before _____ will not benefit from immune globulin but should remain alert to the development of Hepatitis A.

The Hepatitis A virus is found in the stool of people with Hepatitis A. It is spread from person to person by putting anything in the mouth that has been contaminated with the stool containing Hepatitis A. The virus is easily spread in areas with poor sanitation or poor personal hygiene.

Food items presenting the highest risk are salads, sandwiches and other items such as nachos that often involve food-handler contact and then are not cooked. A person who has Hepatitis A can accidentally pass the virus to others within the same household. Good personal hygiene and proper sanitation can help prevent Hepatitis A.

People who develop Hepatitis A almost always recover without further complications. People may experience a range of symptoms, including fever, tiredness, weakness, loss of appetite, nausea, vomiting, abdominal pain and jaundice and a yellow discoloration of the skin and eyes. The disease may appear suddenly and last from one to several weeks. People who develop jaundice from Hepatitis A are typically infectious for two weeks before and one week after jaundice begins.

Logistics

Resources

In general, the Strategic National Stockpile (SNS) would not need to be activated for Hepatitis A prophylaxis or vaccination clinics. The state of NH keeps significant quantities of Hep A Ig and vaccine on hand in the vaccine receiving area at 29 Hazen Drive in Concord.

Facilities

Notify Public Health Network (PHN) coordinator to assist with site selection. If the outbreak occurs in an area of the state where no PHN exists, contact the NH Bureau of Emergency Management (contact # (603) 271-2231) to assist with local site selection.
Clinic Site Selection Considerations

Determine non-hospital locations where vaccine and/or prophylactic medications could be administered for case contacts and large numbers of the general public. Visit proposed sites before making final selections. For each site selected prepare or refer to the following:

- Written plan or flow diagram for physical layout (See flow diagram as sample.)
- Clinic Information Sheet - This is enclosed in this document. It is titled NH Department of Health and Human Services Public Notice and Screening Information.
- Clinic Site Selection Criteria sheet

Schools are the preferred location for any clinic larger than can be held in the local health department. Schools have parking lots, long corridors, large classrooms, cafeterias, private offices, and other immediately available resources such as tables, chairs, restrooms, and offer an ideal physical structure that can meet most clinics needs. Enclosed **sports arenas** and other facilities at **universities** should be considered. Also, local employers may offer sites to vaccinate staff and family members.

Clinic Site Selection Criteria

Use the following clinic site selection criteria for assessment of potential sites.

Clinic Site Selection Criteria	
Clinic Location:	
√	**Selection Criteria:**
	Protected from weather; adequate climate control (heating and air conditioning)
	Adequate space for large crowds, intake, briefing, screening, vaccine or prophylaxis administration, and medical emergencies. There should be space enough to contain long lines inside. The site should be large enough to handle the target population with "room to spare".
	Adequate power sources for equipment and hygiene for workers and public; access to water and electricity
	Familiar and accessible to the public
	Adequate parking and/or public transportation
	Storage for large amounts of supplies and biohazardous waste
	Refrigeration as indicated for storage of vaccine/prophylactic medication
	Adequate restrooms/space for portable restrooms if necessary
	Accommodation available for special needs (e.g. wheelchairs)
	Communication including telephone and FAX
	Secure or can be made secure with adequate law enforcement personnel

Materials: For Hepatitis A Vaccination (HAV) or Hepatitis A Immune Globulin (HAIG) Clinic

NH Public Health Nurses and/or community-based nurses perform administration of vaccination or Ig using the clinic standing orders. These orders are to be reviewed by a MD before each clinic. A sample standing order is provided below.

New Hampshire Department of Health and Human Services
Prescription for Provision of Prophylactic Immune Globulin

Licensed nurses, physicians, physician's assistants and/or nurse practitioners that are staffing Hepatitis A prophylaxis clinics and as indicated and directed by the State Epidemiologist are authorized to provide the following prophylaxis to members of the general public who are at-risk for transmission.

For children*:

Immune Globulin 0.02mL/kg is given by intramuscular injection into the gluteal or deltoid muscle.

For adults*:

Immune Globulin 0.02mL/kg by intramuscular injection or an approximation can be used based on build, as follows:

For persons 90-120 lbs:	1.0 mL IM injection to the gluteal or deltoid muscle
For persons 121-150 lbs:	1.25 mL IM injection to the gluteal or deltoid muscle
For persons 151-180 lbs:	1.5 mL IM injection to the gluteal or deltoid muscle
For persons 181-210 lbs:	1.75 mL IM injection to the gluteal or deltoid muscle
For persons > 210 lbs:	2.0 mL IM injection to the gluteal or deltoid muscle
An additional 0.25 mL should be given for each additional *25 lb* increment > 220 lbs.	

* Note: Thimerosal-free product should be used for infants and pregnant women.

Jose Thier Montero, MD, MPH
State Epidemiologist

Elizabeth Talbot, MD
Deputy State Epidemiologist

Supplies

The following list can be used to organize supplies and equipment needed for a Hepatitis A clinic.

√	Amount	ITEM
		VACCINES/PROPHYLAXIS
		IG
		Vaccine
		INFORMATION STATEMENTS
		Informed consent slips
		Vaccine/Drug Information Statements
		SUPPLIES
		Wheelchairs
		Screens for privacy
		TV/ VCR for educational video
		Education Video - To be developed. May need to be specific to each situation.
		Biological waste containers
		Syringes, needles
		Latex gloves
		Latex-free gloves
		Alcohol wipes
		Band aids
		Table pads and clean paper to cover table for work site
		Antibacterial hand washing solutions
		Paper towels
		Gauze
		Adhesive tape
		Bleach solution and spray bottle
		Refrigeration; storage for vaccine; storage for transport/handling of vaccine
		Labels
		Box cutters
		Hand Truck
		Small two tiered cart for moving supplies
		Janitorial supplies (mop, bucket, broom, etc.)

		Reusable ice packs (3-5 per station)
		Yellow "caution" tape or something similar to define waiting lines/areas
		EMERGENCY KIT
		Standing orders for emergencies
		Ampules epinephrine 1:1000 SQ
		Ampules diphenhydramine (Benadryl) 50 mg IM
		3cc syringes with 1", 25-gauge needles
		1 ½" needles
		Tuberculin syringes with 5/8" needle, for epinephrine
		Alcohol swabs
		Tongue depressors
		Pediatric pocket mask with one-way valve
		Adult pocket mask with one-way valve
		Tourniquets
		Flashlights and extra batteries
		Radio (radio with fresh batteries)
		Stethoscope
		Blood Pressure Cuff (Adult and pediatric)
		Cots
		Blankets
		Pillows
		PAPERWORK AND OFFICE SUPPLIES
		Tables
		Chairs
		ID badges/ vests for staff
		Standing orders for prophylaxis/vaccination
		Regional contact list (multiple copies)
		Signage (English, Spanish, and other languages) • External—entrances and exits • Internal—Clearly marked areas, lines, stations • Biohazard • TDH contraindications posters, other posters specific to vaccine/prophylactic medication
		Public information materials in English, Spanish, and other languages
		Screening questionnaires

		Clinic vaccination administration record
		Reminder/recall/vaccine "take" cards for clients—specific to Vaccine/Prophylactic Medication being administered
		Vaccine Adverse Event Report (VAERS) forms
		Sound systems
		Clipboards
		Extra pens
		Envelopes
		Rubber bands
		Tape
		Post-it notes
		Date stamps
		Paper Clips
		Staplers/staples
		Scissors
		Cell phones, Extra plug-in telephone
		Two-way radios
		Pagers
		Boxes/ice chests for storage and transport
		File boxes
		MISCELLANEOUS MATERIALS
		Kleenex tissue
		Containers for drinking water; cups
		Portable restrooms
		Snacks
		Toys, stickers, children's books; small TV with VCR and children's tapes
		Garbage containers and trash bags

SAMPLE

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

A. PUBLIC NOTICE and SCREENING INFORMATION

B. HEPATITIS A - IMMUNE GLOBULIN CLINICS

FRIDAY, MAY 13, 2005
8:00 AM – 10:00 PM

Whatever School Building

IMMUNE GLOBULIN MUST BE GIVEN:

- By Injection
- Within 14 Days of Exposure to the Hepatitis A Virus

YOU NEED TO HAVE AN INJECTION ONLY IF YOU:

- Ate at the **Whatever** Restaurant in **Wherever** on
  - ✓ Friday, May 5th
  - ✓ Saturday, May 6th
  - ✓ Sunday, May 7th,
  - ✓

These are the only dates within the last 14 days on which customers were at risk of exposure to the Hepatitis A virus

- Are unsure of the exact date you ate at the **Whatever** restaurant in **Wherever** but believe it was sometime between the dates of **May 5th and May 7th.**

YOU DO NOT NEED TO HAVE AN INJECTION IF YOU:

- Have previously been immunized for Hepatitis A
- Have previously been infected with Hepatitis A
- Consumed only fountain drinks at the **Whatever** restaurant between May 5th and 7th
- Were at the **Wherever/ Whatever** restaurant between May 5th and 7th but did not eat any food
- Are a family member or intimate contact of someone who needs an injection
- If you ate at the **Whatever** restaurant before May 5th or after May 7th

If You Ate at the Whatever Restaurant between May 5th and 7th:

✧ You may have been exposed to the Hepatitis A virus, but too many days have passed for you to benefit from Immune Globulin; so

✧ You should be alert for symptoms that may indicate Hepatitis A infection, such as:
- ✓ Nausea
- ✓ Vomiting
- ✓ Diarrhea
- ✓ Dark Urine
- ✓ Jaundice (Yellowing of the skin or eyes)

✧ And should contact your health care provider if you experience any of these symptoms

Hepatitis A Vaccine Information Statement (VIS) Form

IMPORTANT NOTE: VIS statements available via the following websites:

http://www.immunize.org

http://www.cdc.gov/nip/publications/VIS/default.htm

Operations

Timing and Target Numbers

As noted earlier in this document, there is a limited time frame (2 weeks from last exposure) for giving the IG to people who are potential contacts to a case of hepatitis. The diagnosis of hepatitis A can be delayed on many fronts, including the degree of presenting illness and delay in lab reporting, and this can make prompt administration of IG difficult. When promoting an open clinic to the public it is difficult to predict how many people will participate. Clinics need to flexible enough to handle a large amount of people if a large number might be possible based on the advertising used.

Clinic Personnel

Staff may need to be recruited from state as well as local resources depending on the size of the clinic.

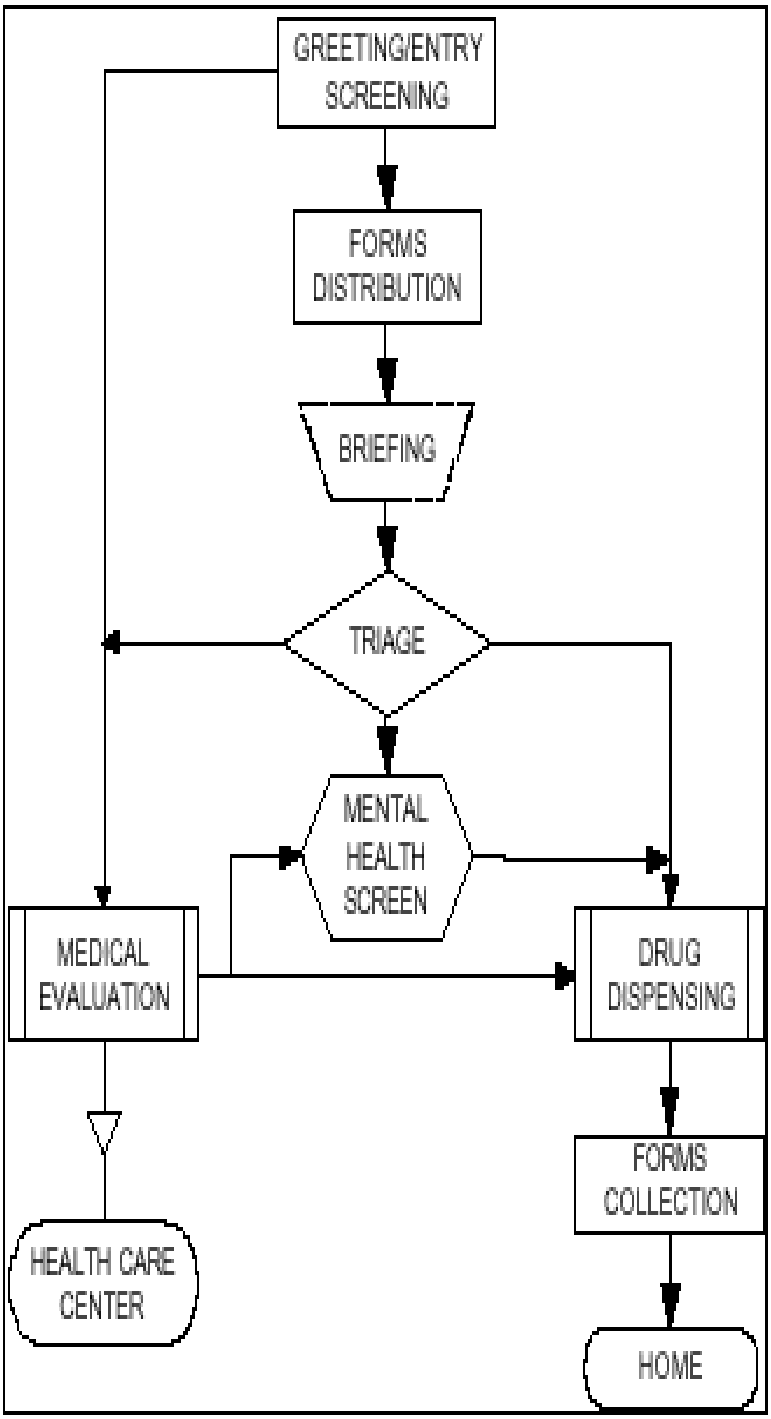
Assumption: IM injections are the most labor intensive. If the clinic projection is to see 1000 clients for immunizations in one 8 hour clinic day and **it takes on average 10 minutes per client,** the clinic will need 16 immunizers seeing clients every hour to deliver care that one day. Consider also that clinic staff will need scheduled breaks; so in order to maintain a constant flow additional clinical staff will need to fill-in for staff on breaks.

1 (clinician)		6 (clients served/hr)
21	=	125
21 (number of clinicians)		125 (clients to be served per hour)
	=	
8 hrs. X 125	=	1000 clients per 8 hours

For ratios of other Support Staff and Security please refer to generic manual chart.

Clinic Flow Diagram

Patient briefing is included as a separate station within the clinic.



Clinic Set-up

- Clinic staffing coordination should follow the ICS as described in the general guide.
- Clinics should have clearly marked entrance and exit points with adequate "waiting" space for groups of people seeking prophylaxis/vaccination.
- Security staff should be posted at both locations to maintain order.
- At least one trained volunteer or clinician should be dedicated to observing clients for signs of illness as they arrive at the clinic.
- Traffic flow within the clinic should be controlled and should follow a logical path from the clinic entry to the exit. The best approach to crowd control is to never let people "sit down".
- Keep the line(s) moving at all times. A linear path of traffic flow from entry to exit on opposite sides of the facility its optimal. However, it may be necessary to set up serpentine lines (similar to those used by amusement parks) using rope or some other temporary barrier.
- Ideally, greeter-educators and registration staff should be located in a separate room from the vaccine administration station.
- Registration and medical screening processes will be the most time-consuming clinic activities. Sufficient staff should be assigned to move people through these areas quickly, to keep a steady flow of persons to the vaccination/dispensing area.
- Trained employees should monitor the vaccine supply to ensure that vaccine is not left un-refrigerated for extended periods of time, and to ensure that excess amounts of vaccine are not drawn up "ahead" and then possibly left over, and wasted, at the end of the clinic.
- It is advisable to have one person monitor all supplies. Each station should be set up with adequate supplies at the beginning of the clinic, and then replenished as needed. Having one person in charge of supplies helps to avoid wastage and to keep people from "helping themselves" to supplies and opening multiple boxes/packages of the same item.

Finance and Administration

Costs: DHHS did a cost analysis for the total expenditures for the Derry Hep A IG clinic, including supplies and staff time. Contact NH DHHS to request further information.

References

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson, W., Hamborsky, J., McIntyre, L. and Wolfe, S. eds. 8th Ed. Washington, DC: Public Health Foundation, 2005.

Hepatitis A. Vaccine Information Statement. August 4, 2004.

Heymann, D. L. (2004). Control of Communicable Diseases Manual. 18th Ed. American Public Health Association. Washington, DC.

A separate form must be completed for each person needing treatment. When posssible an adult must accompany children less than 18 years of age *and*, if possible, a parent or guardian must provide consent for treatment of children.

START TIME	SCREENING TIME	CONSULT TIME	ADMINISTRATION TIME	EXIT TIME	IG, VACCINE, OR BOTH

PLEASE COMPLETE THE FOLLOWING:

LAST NAME	FIRST NAME	MI

ADDRESS	CITY	STATE	ZIP

HOME PHONE	WORK PHONE	CELL PHONE	Emergency Contact Name & Phone
( )	( )	( )	( )

DATE OF BIRTH	AGE	SEX (CIRCLE ONE)	Race	Ethnicity
		MALE FEMALE		O Hispanic O Non-Hispanic

If Child, parent or Guardian name	

Please answer the following health assessment questions (CHECK RESPONSES).

Do you feel sick today? If yes, please specify the symptoms.	O Yes O No
▪ Nausea	O Yes O No
▪ Diarrhea	O Yes O No
▪ Vomiting	O Yes O No
▪ Dark Urine	O Yes O No
▪ Jaundice	O Yes O No

Homelessness, injecting or snorting drugs, and having unprotected sex with multiple partners can put an individual at an increased risk for infection. **Do you feel you may be at an increased risk?**	O Yes O No

Do you have any of the following health conditions?	
• Immunoglobulin A (IgA) deficency	O Yes O No
• Severe Thrombocytopenia	O Yes O No
• Coagulation Disorders	O Yes O No
• Allergies to Immune Globulin?	O Yes O No
Are you vaccinated against HepatitisA ?	O Yes O No
Did you eat food from the *(restaurant name)* in *(location)* between *(date range)*?	O Yes O No

FOR OFFICIAL USE ONLY:	
Medical Consultation?	O Yes O No
Contraindicated?	O Yes O No
IG Refused? (if yes, please note reason	O Yes O No

Consent for preventive treatment

I have been provided information about my (or my minor child's) exposure to Hepatitis A. I understand that the Immune Globulin provided today are to prevent disease only and are not intended to treat illness due to this exposure. I understand the symptoms that could indicate illness due to the exposure and I understand that I should seek immediate medical care if I, or my child, develops symptoms of illness. I know that the recommended preventive treatment period for this exposure is 1 dose. I have been advised of the possible risks, complications, and anticipated benefits of the recommended treatment and the possible consequences of not taking preventive treatment.

I certify that this form has been fully explained to me, that I have read it, or have had it read to me, and that I understand its contents. I indicate my consent for treatment for myself (or my minor child) with the following signature.

Signature of Patient/Parent/Guardian	Date	Signature of Translator (if applicable)	Date

If a minor alleges to be an emancipated minor, registration staff member should sign here:

PATIENT LAST NAME	PATIENT FIRST NAME

WEIGHT
_____lbs / 2.2 = _____kg

Immune Globulin (Human) Administration:

☐ Lot Number: _____

☐ Dosage *(calculate or use conversion chart)*: _____ kg x 0.02 = _____ mL

Vaccine Administration:

Self-identified as high-risk individual:	○ Yes ○ No
Offered Hepatitis A vaccine	○ Yes ○ No
Vaccine Administered	○ Yes ○ No *(if no, please note reason below)*

☐ Lot Number: _____ ☐ Dosage:_____

NOTES

Dispenser's Signature	Date	Dispensing Clinic ID/Name

HEPATITIS A VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

Hepatitis A can cause:

- mild "flu-like" illness
- jaundice (yellow skin or eyes)
- severe stomach pains and diarrhea

People with hepatitis A often have to be hospitalized (up to about 1 person in 5).

Sometimes, people die as a result of hepatitis A (about 3-5 deaths per 1,000 cases).

A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A vaccine can prevent hepatitis A.

2 Who should get hepatitis A vaccine and when?

WHO?

Some people should be routinely vaccinated with hepatitis A vaccine:

- All children 1 year (12 through 23 months) of age.
- Persons 1 year of age and older traveling to or working in countries with high or intermediate prevalence of hepatitis A, such as those located in Central or South America, Mexico, Asia (except Japan), Africa, and eastern Europe. For more information see **www.cdc.gov/travel**.
- Children and adolescents through 18 years of age who live in states or communities where routine vaccination has been implemented because of high disease incidence.
- Men who have sex with men.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who are treated with clotting factor concentrates.
- Persons who work with HAV-infected primates or who work with HAV in research laboratories.

Other people might get hepatitis A vaccine in special situations:

- Hepatitis A vaccine might be recommended for children or adolescents in communities where outbreaks of hepatitis A are occurring.

Hepatitis A vaccine is not licensed for children younger than 1 year of age.

WHEN?

For children, the first dose should be given at 12-23 months of age. Children who are not vaccinated by 2 years of age can be vaccinated at later visits.

For travelers, the vaccine series should be started at least one month before traveling to provide the best protection.

> Persons who get the vaccine less than one month before traveling can also get a shot called immune globulin (IG). IG gives immediate, temporary protection.

For others, the hepatitis A vaccine series may be started whenever a person is at risk of infection.

Two doses of the vaccine are needed for lasting protection. These doses should be given at least 6 months apart.

Hepatitis A vaccine may be given at the same time as other vaccines.

Hepatitis A	3/21/06

3 Some people should not get hepatitis A vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of hepatitis A vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your doctor if you have anysevere allergies. All hepatitis A vaccines contain alum and some hepatitis A vaccines contain 2-phenoxyethanol.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a **mild illness** can usually get the vaccine.
- Tell your doctor if you are **pregnant**. The safety of hepatitis A vaccine for pregnant women has not been determined. But there is no evidence that it is harmful to either pregnant women or their unborn babies. The risk, if any, is thought to be very low.

4 What are the risks from hepatitis A vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small.

Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given *(about 1 out of 2 adults, and up to 1 out of 6 children)*
- headache *(about 1 out of 6 adults and 1 out of 25 children)*
- loss of appetite *(about 1 out of 12 children)*
- tiredness *(about 1 out of 14 adults)*

If these problems occur, they usually last 1 or 2 days.

Severe problems

- serious allergic reaction, within a few minutes to a few hours of the shot *(very rare)*

Vaccine Information Statement
Hepatitis A (3/21/06) 42 U.S.C. § 300aa-26

5 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

6 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC websites at: **www.cdc.gov/hepatitis** or **www.cdc.gov/nip**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

FOR CLINIC/OFFICE USE

Date: _____

Vaccine Administered: _____

Site of Injection: _____

Signature of Vaccine Administrator: _____

I have read or have had explained to me the information on this form about the above-mentioned vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the above-mentioned vaccine and request that it is given to me or the person named below for whom I am authorized to make this request.

Information about person to receive vaccine **(Please print):**

Name: _____
Last First MI DOB Age

Address: _____
Street City County State Zip

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X_____

The person receiving vaccine today (please check all that apply):

Is enrolled in Medicaid	Yes ____	No ____
Is Native American	Yes ____	No ____
Doesn't have insurance	Yes ____	No ____
Has insurance	Yes ____	No ____
	Company: _____	

Appendix 15: Influenza Vaccination During Flu Vaccine Shortages

The most current information on this topic is available on the CDC website at: http://www.cdc.gov

A specific guide titled *Planning for a Possible US Flu Vaccine Shortage,* dated August 4, 2005 is offered on this website. The path to this document is as follows:

Start with the main CDC website, then click on the following links: Vaccines & Immunizations, Vaccine Preventable Diseases & Specific Vaccines, Vaccination Resources for Healthcare Professionals, Vaccination, Frequently Requested Information, Planning for a Possible US Flu Vaccine Shortage.

Another resource for general flu vaccination clinic planning (routine, non-emergency) is available through Mass Pro. The guide, titled "Planning Your Annual Influenza Immunization Clinics" is available on the Mass Pro website at: http://www.masspro.org

INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Influenza ("flu") is a very contagious disease.

It is caused by the influenza virus, which spreads from infected persons to the nose or throat of others.

Other illnesses can have the same symptoms and are often mistaken for influenza. But only an illness caused by the influenza virus is really influenza.

Anyone can get influenza. For most people, it lasts only a few days. It can cause:

· fever · sore throat · chills · fatigue
· cough · headache · muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

An **inactivated** (killed) vaccine, given as a shot, has been used in the United States for many years.

A **live**, weakened vaccine was licensed in 2003. It is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are constantly changing. Therefore, influenza vaccines are updated every year, and an annual vaccination is recommended.

For most people influenza vaccine prevents serious illness caused by the influenza virus. It will *not* prevent "influenza-like" illnesses caused by other viruses.

It takes about 2 weeks for protection to develop after the shot, and protection can last up to a year.

Inactivated influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated influenza vaccine contains thimerosal, a preservative that contains mercury. Some people believe thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine published a report concluding that, based on scientific studies, there is no evidence of such a relationship. If you are concerned about thimerosal, ask your doctor about thimerosal-free influenza vaccine.

3 Who should get inactivated influenza vaccine?

Influenza vaccine can be given to people 6 months of age and older. It is recommended for **people who are at risk of serious influenza or its complications**, and for **people who can spread influenza to those at high risk** (including all household members):

People at high risk for complications from influenza:

- **All children** 6-23 months of age.
- People **65 years of age and older.**
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
  - heart disease
  - lung disease
  - asthma
  - kidney disease
  - metabolic disease, such as diabetes
  - anemia, and other blood disorders
- People with certain **muscle or nerve disorders** (such as seizure disorders or severe cerebral palsy) that can lead to breathing or swallowing problems.
- People with a **weakened immune system** due to:
  - HIV/AIDS or other diseases affecting the immune system
  - long-term treatment with drugs such as steroids
  - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got influenza).
- Women who will be **pregnant** during influenza season.

People who can spread influenza to those at high risk:

- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- Physicians, nurses, family members, or anyone else in **close contact with people at risk** of serious influenza.

Influenza vaccine is also recommended for adults 50-64 years of age and anyone else who wants to **reduce their chance of catching influenza.**

An annual flu shot should be *considered* for:

- People who provide **essential community services.**
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.
- People at high risk of influenza complications who **travel** to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

4 When should I get influenza vaccine?

The best time to get influenza vaccine is in **October** or **November**.

Influenza season usually peaks in February, but it can peak any time from November through May. So getting the vaccine in December, or even later, can be beneficial in most years.

Some people should get their flu shot in ***October*** or earlier:

- people **50 years of age and older**,
- younger people at **high risk** from influenza and its complications (including **children 6 through 23 months of age**),
- **household contacts** of people at high risk,
- **healthcare workers**, and
- **children younger than 9 years of age** getting influenza vaccine for the first time.

Most people need one flu shot each year. **Children younger than 9 years of age getting influenza vaccine for the first time** should get 2 doses, given at least one month apart.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
  - Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
  - A severe allergy to any vaccine component is also a reason to not get the vaccine.
  - If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a **mild illness** can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

• soreness, redness, or swelling where the shot was given
• fever • aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at **www.hrsa.gov/osp/vicp**

9 How can I learn more?

- Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC's website at **www.cdc.gov/flu**

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CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Vaccine Information Statement
Inactivated Influenza Vaccine (10/20/05) 42 U.S.C. §300aa-26

FOR CLINIC/OFFICE USE

Date: _____

Vaccine Administered: _____

Site of Injection: _____

Signature of Vaccine Administrator: _____

I have read or have had explained to me the information on this form about the above-mentioned vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the above-mentioned vaccine and request that it is given to me or the person named below for whom I am authorized to make this request.

Information about person to receive vaccine **(Please print):**

Name: _____
Last First MI DOB Age

Address: _____
Street City County State Zip

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X_____

The person receiving vaccine today (please check all that apply):

Is enrolled in Medicaid	Yes ____	No ____
Is Native American	Yes ____	No ____
Doesn't have insurance	Yes ____	No ____
Has insurance	Yes ____	No ____
	Company: _____	

Appendix 16: Avian Influenza Pandemic

Guidelines for Mass Vaccination and Use of Anti-Viral Medications

Introduction

Influenza

Influenza is a highly infectious viral illness that causes yearly epidemics reported since at least the early 1500s. An increase in mortality, typically occurring during each epidemic year, is caused by influenza and pneumonia, and/or by exacerbations in underlying cardiopulmonary or other chronic diseases. In the U.S., influenza causes up to 36,000 deaths each year, primarily among the elderly. The virus is transmitted in most cases by droplets, but it can be transmitted as well by direct contact. Maximum communicability occurs one to two days before onset of symptoms to four to five days after symptom onset. The incubation period is usually two days, but can vary from one to five days. Typical symptoms include abrupt onset of fever (101°F to 102°F), chills, myalgia, sore throat, and nonproductive cough, and may include runny nose, headache, substernal chest burning, eye pain, or sensitivity to light. Gastro-intestinal symptoms, such as abdominal pain, nausea and vomiting, may also occur and are more commonly seen in children than adults. An annual influenza vaccination is the best method of protection against influenza. Other measures, such as frequent hand washing and the institution of public health measures for universal respiratory hygiene and cough etiquette will help stop the spread of influenza in communities as well as in health care facilities.

Two influenza virus types, A and B, are known to cause illness in humans. Influenza type A has further subtypes, determined by the surface antigens hemagglutinin (H) and neuraminidase (N), which undergo periodic changes. A minor change in these antigens (antigenic drift) may result in epidemics, since incomplete protection remains from past exposure to similar viruses. A major change (antigenic shift) may result in a worldwide pandemic if the virus, for which humans have no protection, is efficiently transmitted from human to human.

Influenza viruses are distinctive in their ability to cause sudden, pervasive illness in all age groups on a global scale. Previous pandemics, however, caused disproportionate illness and death in young, previously healthy adults. Also, new data from recent epidemic years show that young children are at increased risk for complications, hospitalizations, and death from influenza. Within the 0- to 4-year-old age group, hospitalization rates are highest among children 0 to 1 years of age and are comparable to rates reported in persons ≥65 years of age. Influenza viruses present biological threats because of a number of factors, including a high degree of transmissibility, the presence of a vast reservoir of novel variants (primarily in aquatic birds), and unusual properties of the viral genome.

Avian Influenza

Avian influenza strains (“bird” flu) normally infect birds exclusively. However, several subtypes of avian influenza A have recently been shown to cross the species barrier and infect humans in Asia (1997-present), in Europe (2003), and in North America (2003-2004). The first cases of human infection of avian influenza A (H5N1) were identified in 1997 in Hong Kong. The virus infected 18 persons and caused 6 deaths. Genetic studies subsequently linked the outbreak in humans to an outbreak of highly pathogenic avian influenza in poultry. The immediate culling of approximately 1.5 million poultry in Hong Kong is thought to have averted a larger outbreak in humans at that time.

The most recent outbreaks of avian influenza A (H5N1) began occurring in December 2003 in humans in Viet Nam and in poultry in Asia. The World Health Organization (WHO) has reported 112 human cases from mid-December 2003 through August 5, 2005. Fifty-seven of those persons have died. These human cases occurred in Viet Nam, Thailand, Cambodia and Indonesia. To date, there has not been efficient

person-to-person transmission of the virus, although limited person-to-person transmission has been reported. Beginning in late July 2005, official reports indicated that poultry outbreaks of influenza A (H5N1) have spread beyond their initial focus in Southeast Asian countries, and has expanded to Russia and Kazakhstan. In early August 2005, deaths of migratory birds in northern Mongolia were reported to be from influenza A; testing is being done to confirm the virus subtype, suspected to be H5N1.

Influenza Surveillance

Surveillance for influenza requires global and national monitoring for both virus and disease activity. Influenza viruses are constantly changing and knowledge of which viruses are circulating is needed to make decisions about the annual influenza vaccine. Disease surveillance is necessary to track the impact of circulating viruses on the human population. The objectives of influenza surveillance are to determine when, where, and which influenza viruses are circulating; to determine the intensity and impact of influenza activity; and to detect the emergence of novel influenza viruses and unusual or severe outbreaks of influenza. Surveillance efforts, particularly in Asia and surrounding countries, have increased dramatically since the emergence of avian influenza A (H5N1).

During inter-pandemic years in NH, influenza is not a reportable disease, but surveillance systems currently in place help determine the extent of illness and current circulating influenza virus subtypes. The systems are modeled after components of the national influenza surveillance system and consist of:

1. *Virologic surveillance*: The NH Public Health Laboratories (PHL) isolates and subtypes influenza viruses year round and transmits these data electronically to the Centers for Disease Control and Prevention (CDC) via the Public Health Laboratory Information System (PHLIS). Unusual specimens are sent to the CDC for further antigenic characterization. Influenza testing is provided to health care providers free of charge under certain conditions.
2. *U.S. Influenza Sentinel Provider Surveillance System participation*: Approximately 25 volunteer NH health care providers (specializing in family practice, internal medicine, pediatric, or student health) participate in this system and report the number of patient visits for ILI by age group and the total number of patient visits each week during the influenza season (beginning of October through mid-May). Approximately 10 sentinel providers continue to report weekly during the summer months to contribute to establishing a baseline for ILI activity in the summer months and to help detect any unusual influenza virus subtypes.
3. *Pneumonia and influenza-related deaths*: Starting in 2003, the New Hampshire Department of Health and Human Services (DHHS) began monitoring pneumonia and influenza-related deaths on a weekly basis.
4. *Estimated influenza activity*: Overall influenza activity in the State, reported weekly to CDC October through May, is based on reports of ILI, increased fever or respiratory rates reported through the emergency department syndromic surveillance system, and reports of confirmed influenza. In the event of a pandemic, data from other syndromic surveillance systems will be used as appropriate.

During a pandemic, surveillance will be increased. Current systems will be enhanced and new systems put into place. Efforts are currently being made by both the CDC and the NH DHHS to develop a database that will be used to track individual cases at the start of the influenza pandemic. As the pandemic unfolds, and individual case investigation is no longer feasible, aggregate numbers only will be collected and reported.

Surveillance for Influenza Vaccine Doses Administered

In normal influenza seasons, the NH DHHS does not track doses of influenza vaccine given. However, the administration of avian influenza vaccine will be tracked in order to determine vaccine coverage of the population.

The database for tracking vaccine administration is currently being developed.

Influenza Vaccine

Influenza vaccination has long been considered the primary method of preventing influenza and its severe complications. Ensuring that influenza vaccine is administered to those at highest risk of complications from influenza infection has become an important annual event. However, due to recent vaccine supply problems, this has been increasingly difficult. Vaccination programs during a pandemic will present even greater challenges. Methods of vaccine delivery, administration, and inventory control will depend on the vaccine supply and the epidemiology of illness during a pandemic. Close collaboration between public and private health care providers is essential to the success of a pandemic influenza vaccination program. The following are assumptions or statements of fact pertaining to avian influenza vaccine:

1. As of August 2005, no vaccine is available to protect humans against the influenza A (H5N1) virus that is being seen in Asia, but research studies began in April 2005.
2. Preliminary data on a vaccine prototype, released in August 2005, indicate an effective immune response in a small group of healthy adults; preliminary results of antigen-sparing strategies are expected by the end of 2005. The precise amount of vaccine that can be produced is still unknown due to the vaccine requiring extra amounts of antigen to be effective in early trial results.
3. Two doses of influenza vaccine, administered four weeks apart, are needed to develop full immunity to a novel influenza virus.
4. Drugs and supplies purchased by the Federal government will be distributed through a centralized distribution system by NH DHHS and DOS using SNS infrastructure for storage of vaccine and supplies.
5. Approximately 20% of the needed supply of vaccine may be produced each month. The first 100 million doses will be purchased by the federal government and distributed to state and local health departments to vaccinate individuals based on a priority list with guidance from CDC.
6. Regardless of the availability of a vaccine that protects against the influenza pandemic strain, pneumococcal vaccine reduces the risk of complications that can result from influenza infection. However, there are many complications of influenza that pneumococcal vaccine will not prevent.

Vaccine as Investigational New Drug (IND)

In the U.S. it is illegal to use any drug product that is not licensed by the Food and Drug Administration (FDA). Therefore, to allow treatment of patients with an unlicensed drug product, the FDA may approve a drug or biological product as an Investigational New Drug (IND). There are two main categories of INDs: research and treatment. A research IND is used mainly by manufacturers as part of the process for the development of new licensed drugs. The FDA can permit treatment use of an investigational drug under a treatment IND when the drug is intended as therapy for a serious or immediately life-threatening condition and when no comparable or satisfactory alternative drug or therapy is available. This could be the case in an influenza pandemic if vaccine trials have not been completed and therefore the vaccine does not

have FDA approval. IND status for this vaccine would be maintained by the CDC, and protocols for its use would be put in place.

Vaccine Prioritization

Because of the anticipated vaccine shortage related to production time needed, the CDC recommends that initial supplies be administered in a prioritized manner to targeted groups. As information about the impact of the novel virus becomes available, recommendations will be formulated at the national level and will be adapted by the State public health officials, depending on local factors. NH DHHS will make this information available at an appropriate time. CDC proposed guidelines have been finalized and are available on the CDC website.

Vaccine Adverse Events Reporting System (VAERS)

Monitoring vaccine adverse events will be necessary during a pandemic. Currently, providers of State-supplied vaccines for children report adverse events to the State Immunization Program, which investigates and reports to the national Vaccine Adverse Events Reporting System (VAERS). Providers of adult vaccines generally report to the national VAERS directly. In a pandemic, the State DHHS, Division of Public Health Services may need to be more directly involved in the reporting and investigations of adverse events among adults as well as children.

Antiviral Medications

Antiviral medications will play an important role for the control and prevention of influenza, especially in the event that vaccine is not available. However, even though plans for stockpiling antivirals are currently underway, there will likely be a limited supply of antiviral medications when the pandemic occurs.

Also, avian influenza A (H5N1) has been shown to be resistant to adamantines; therefore, these drugs are not an option. **The adamantines – amantadine and rimantadine – have not been included in the following information**.

The July 13, 2005 CDC guidelines, *Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, can be found on the CDC website at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm. Guidelines for NH health care providers are updated as needed, based on CDC guidance, and are available on the NH DHHS website at http://www.dhhs.nh.gov.

Prophylaxis

Studies show that the neuraminidase inhibitor oseltamivir (Tamiflu™) is effective against A (H5N1). As with vaccine, recommendations for prioritizing antivirals will be made at the national level, and State public health officials will review these recommendations and revise as needed, based on local factors.

Identification of a case of avian influenza will be the trigger for initiating prophylaxis of all contacts. Recommendations for prophylaxis in a community setting will largely depend on supplies of antivirals.

Therapy

Oseltamivir & Zanamivir are the only medications available for therapy for avian influenza. Therapy is effective only if offered within two days of developing symptoms. As with prophylaxis, recommendations for priority groups for therapy will be formulated at the national level. Distribution of drugs for therapy is a

challenge given the limited amount available, the large number of points of care, and the need to begin treatment within two days of symptom onset.

As with vaccines and supplies, antiviral medications purchased by the Federal government will be distributed through a centralized distribution system using SNS infrastructure. With limited drugs available, the role of the State will consist largely of providing physicians with guidelines for appropriate use of antivirals, based on guidelines from the CDC.

Planning

Staffing Resources

Refer to NH POD Guide, Appendix 12, for staffing resources.

Communications Plan

In an emergency situation, accurate, consistent and timely messages are key in notifying and educating the public, notifying and facilitating movement of emergency staff to their assigned duties and stations, and in ensuring that the emergency plan is followed as intended. Refer to NH POD Guide, Appendix 7, for general communications planning.

During normal influenza epidemic years, the CDC provides a number of materials including: basic communication materials on influenza, vaccine, antivirals in various languages; recommendations and guidelines for health care providers; training modules (Web-based, printed, and video); "canned" presentations, slide sets, videos, and documentaries; and symposia on surveillance, treatment, and prophylaxis. These types of materials can be located on the CDC website at http://www.cdc.gov

The following are communication-related issues that pertain to pandemic influenza.

1. Assuring adequate communication systems will be a joint responsibility of federal, state and local public departments
2. Messages will need to be revised as the pandemic unfolds; messages from CDC will be the template for state and local officials for crafting messages for their constituents
3. Because of anticipated shortages of vaccine and antivirals, messages informing citizens about the rationale for priority groups, as well as measures to be taken until such agents are available, will be critical
4. The public will likely encounter some unreliable and possibly false information in the media and on the Internet, underscoring the need for accurate, consistent and timely communication messages from DHHS/DPHS
5. Mechanisms for communication with the public will vary depending on the phase of the pandemic and its impact on New Hampshire communities and in neighboring states
6. DHHS/DPHS will continually strive to communicate with all essential partners; keeping all essential partners completely informed throughout the pandemic will be a difficult but important challenge to meet.

Security

Security concerns during a flu pandemic may range from moderate to severe depending on the epidemiology of the disease and availability of effective public health protection measures. An extreme

security situation could result if the strain of flu causes a high fatality rate (> than 2-3%) and if preventive vaccination is not widely available for those at risk. In this type of extreme public health event, security measures must be comprehensive and ongoing, as vaccine shortages may result in several months of public rationing and control of access for priority groups. An initial wave of pandemic flu may last 8-12 weeks, with potential successive but lessening waves. Local and state security resources will need to coordinate operations using existing emergency preparedness plans.

Refer to NH Mass Prophylaxis Clinic Planning Template, page 10 for addressing security issues.

Logistics

Resources

CDC plans to distribute vaccine through state immunization programs rather than SNS during a flu pandemic. However, supplies may be available through the SNS. The State SNS Plan is available on **e-studio** or through BEM.

Facilities

Refer to NH POD Guide, Appendix 9, for clinic site considerations.

Influenza Clinic Supplies:

Antiviral Medications (see SNS, under Resources above)

Avian Influenza Vaccine

Transporting vaccines

Vaccine is temperature sensitive. It is crucial to maintain the cold chain when transporting vaccine. See "Maintaining the Cold Chain During Transport" http://www.immunize.org/catg.d/p3049.pdf for details.

- Use an insulated container, such as a picnic cooler.
- Place a "cold pack" (not a "freezer pack") on the bottom of a plastic container. Cover the cold pack with a paper towel. Place the vaccine on top of this.
- Place a thermometer near the vaccine.
- Add a temperature log and pen. Keep track of the vaccine temperature at intervals.

Storage and handling of vaccines

- Store inactivated vaccine (influenza and PPV23) in the refrigerator at 35-46 degrees F (2-8 degrees C)
- Store live attenuated vaccine (FluMist®) in the freezer at 5 degrees F (15 degrees C) or colder.
- See the following document for detailed handling information: "Vaccine Handling Tips:" http://www.immunize.org/catg.d/p3048.pdf

For influenza vaccination:

- Syringes (appropriate gauge and needle length; quantity to match number of doses)
- Alcohol swabs
- 1" gauze pads and/or cotton balls
- Bandages
- Biohazard "sharps" disposal containers
- Trash cans/liners
- Gloves: disposable, single use
  - Gloves are not required when administering vaccines unless there is potential for exposure to blood and body fluids, or the health care provider has open hand lesions. If at all possible, avoid using latex gloves at your clinics.
  - If it is not possible to avoid the use of latex gloves, a sign should be posted stating that "THIS IS NOT A LATEXFREE CLINIC"
- Hand sanitizer solution (an alcohol-based solution/gel) may be used
- Paper tablecloths

Emergency Equipment:

- Epi-Pens or aqueous epinephrine USP (1:1000) in ampules, prefilled syringes, or vials.
- Diphenhydramine (Benadryl)
- 1-3 cc syringes with 1", 11/2" and 2" needles for epinephrine or Benadryl
- Adult airways (small, medium, large)
- Sphygmomanometer (adult and extra-large cuffs) Stethoscope
- Adult size pocket mask with one-way valve
- Alcohol swabs
- Tourniquet
- Tongue depressors
- Flashlight with extra batteries (for evaluating mouth and throat)
- Wrist watch
- Pen and paper

Paperwork:

<u>For influenza vaccine:</u>

- Vaccine Information Statement (VIS) in appropriate languages, current versions
- Standing orders and protocols
- Vaccine Administration Records Screening questionnaires
- IND forms, if needed

<u>For antiviral medications:</u>

- Medication information sheets in appropriate languages
- Standing orders and protocols

Miscellaneous Office Supplies

- Pens
- Rubber bands
- Tape
- Paper clips
- Stapler
- Large folders/envelopes
- Scissors
- Pad of paper
- Telephone

Operations

Protecting Staff from Exposure to Infected People

It is important that any clinic staff having direct contact with persons coming in for influenza vaccination, or for receipt of antiviral medications, are protected as much as possible from becoming infected with influenza. Triage at the point of clinic entry will keep exposure to symptomatic persons at a minimum, as symptomatic persons will be diverted to a separate clinic area and/or be taken off-site. However, persons infected with influenza can be infectious 1-2 days before onset of symptoms, so that relying on symptoms alone could possibly put clinic staff at risk.

If avian influenza vaccine is available, all clinic staff should be vaccinated prior to working at the clinic. If avian influenza vaccine is not available, staff should be vaccinated with the most recent seasonal human influenza vaccine. In addition to providing protection against the predominant circulating influenza strain, this measure is intended to help prevent co-infection with human and avian strains.

Basic infection control measures should be followed, including strict hand washing with soap and hot water or alcohol-based hand gel. Gloves and gowns should be available in case a clinic staff member needs to attend to a person with obvious respiratory illness and contact with respiratory secretions is likely. Clinic staff should maintain a distance of three feet or more from persons coming to the clinic to decrease risk of disease transmission from infectious respiratory droplets. There are no studies that show mask use by either infectious persons, or persons caring for them, prevents influenza transmission. However, because the use of masks by infectious persons may help contain their respiratory secretions and limit exposure to others, masks should be available to persons with respiratory symptoms coming into the clinic. Emphasis should be placed on cough etiquette for persons with respiratory symptoms. Cough etiquette strategies include: 1) cover nose and mouth when coughing or sneezing, 2) use tissues to contain respiratory secretions; after use, dispose of them in waste receptacle, and 3) hand washing with soap and water or alcohol-based hand gel after having contact with respiratory secretions and contaminated objects/materials.

For additional information, CDC's "Interim Guidance for the Use of Masks to Control Influenza Transmission" can be found at http://www.cdc.gov/flu/avian/professional/infect-control.htm.

See also Appendix 5 – Infection Control.

Influenza Vaccine Administration

Administering the Vaccine

(Note: Revisions to this section are needed if subcutaneous administration of A (H5N1) vaccine is approved.)

- **Always wash your hands before immunizing each patient, whether or not gloves are worn. Alcohol-based solution/gel may be used.**
- You may wear gloves, but gloving is not required for giving injections. (Adults Only Vaccination: A Step-by-Step Guide. IAC http://www.immunize.org/guide/)
- It is best to have the patient sit down which will lessen the chance of the patient falling in case he/she feels faint.
- Use the proper injection site: trivalent inactivated influenza vaccine is given IM (intramuscularly)
  - Vastus lateralis for infants (or toddlers lacking adequate deltoid muscle
  - Deltoid for toddlers, children and adults
- Use the proper needle gauge and length: 1"-2", 22-25 gauge needle for IM injections.

- Expose the entire upper arm area. If the rolled-up sleeve causes constriction, have the patient take that arm out of the sleeve entirely (providing appropriate privacy). A tightly rolled up sleeve will increase the chance of bleeding from the injection site.
- Wipe the injection site with an alcohol swab, using an outward spiraling motion.
- Examine and prepare the vaccine.
  - Inject the same amount of air into the vial as the dose of vaccine to be drawn. E.g. for a 0.5cc dose of flu vaccine, inject 0.5cc of air into the vial. Injecting more air into the vial will cause vaccine to squirt out the hole made by the needle.
  - In a multi-dose vial, slightly overfill the syringe with the vaccine. While keeping the needle inserted in the inverted vial, gently tap the syringe so the bubbles move to the tip of the syringe barrel. Then, push out all air bubbles and vaccine until the volume in the syringe measures exactly what is needed. Careful filling of the syringe will prevent vaccine wastage.
  - While holding the syringe pointed upward (still inserted in the vial), withdraw the needle from the vial and recap the needle.
- Administer the injection by the correct route (see above)
- Remove the needle in a smooth motion at the same angle at which you inserted it. Discard the uncapped needle and syringe into a sharps container, watching the needle continuously until it is in the container.
- Continue to observe the patient after the injection
  - Apply pressure to the injection site with cotton or 2X2 gauze.
  - Apply bandage if blood present.
  - Observe the patient for several minutes for an acute allergic reaction.
- Document: update the patient's vaccine record card or provide an "Adult Immunization Record" card https://www.immunize.org/adultizcards/index

VAERS (The Vaccine Adverse Event Reporting System)

- A national program that monitors the safety of vaccines after they are licensed.
- Managed by the CDC and the FDA.
- Part of a larger system that makes sure vaccines are safe and work as intended.

VAERS cannot:

- Prove that a vaccine either did cause or did not cause a problem.
- Provide medical advice.

Anyone, including the patient, can report a possible problem after a vaccination. Healthcare providers are required by law to report certain problems. To get a list of these, call 800-822-7967, or go to http://www.vaers.org/reportable.htm.

How to report:

- Report online at https://secure.vaers.org/VaersDataEntryintro.htm.
- Print the report from at http://www.vaers.org/pdf/vaers_form.pdf.

After you submit a report, VAERS staff may contact you for follow-up information.

Oral Antiviral Medication Dispensing

- Always wash hands at beginning of clinic, and between each patient if direct contact is made with the patient
- For children 1 to 12 years of age, obtain child's weight and refer to dosing chart for correct dose
- For any person ≥13 years of age, refer to dosing chart for correct dose
- Ensure that person (or adult/guardian if medication is for a child) has received and understands instructions for taking the medication

Flow of Clinic

Timing & target numbers

Refer to NH Mass Prophylaxis Clinic Planning Template, Section 2 - Operations for clinic timing & target numbers.

Notification & verification of selected population

In an influenza pandemic, assuming some vaccine is available, priority groups will initially be identified for immunization. Refer to Section 1&2 of template for guidance on notifying and reaching out to selected priority groups.

Begin to publicize your clinic as soon as logistically possible (two to four weeks prior to the event is ideal, but may not be possible). This will give people with transportation issues time to plan, and time for the message to spread among your target population.

All publicity for the clinics should:

- Be simple – who, what, where, when and why. Include specific instructions telling the public how they may and may not access the clinic, whether it is calling for more information, calling to register, or just arriving at the clinic. It is best to have only one set of directives per message.
- Take into account the literacy levels and diversity of cultures in your community.
- Include a reminder to bring all insurance, Medicare cards, immunization cards, and to wear loose or short-sleeved clothing to allow easy access to the arm.
- Provide a phone number for people to call to get more information. Expect to receive a lot of calls confirming clinic dates and times. Consider putting an automated message on your answering machine, explaining all the details of the clinic verbally.
- Tack vaccination and plan for callback, as a second dose is likely to be needed for the vaccine to induce adequate immunity.

Promotion

It is critical that clear, concise, and consistent messages be given. The target population (e.g. priority groups) must be clearly defined. Include up-to-date information about expected availability of more vaccine and about flu activity (or lack thereof) in the community.

Press releases may be the most efficient way to get information out quickly. The following should also be considered, depending on the target population:

- Flyers or posters can be placed around town – library, banks, stores, elderly housing common rooms and meal sites, food pantry.

- Web-based publicity: During interpandemic years, DHHS website has a link for the NH Lung Association (http://www.nhlung.org), with postings for influenza vaccine clinic sites. This may also be done during a pandemic, if applicable.

Clinic Flow Chart

See flow chart in Section 2.

Staffing & ICS Matrix

See sample ICS structure in Appendix 12.

Screening & Isolation Issues

When holding clinics for pandemic influenza, it is imperative that triage be done at the point of entry for the clinic. Refer to Section 2 for appropriate steps in triage.

Clean-up

Refer to Section 2 for clean up, including disposal of sharps, following completion of the clinic.

De-briefing/Evaluation

Hold a debriefing after every clinic with all clinic staff and volunteers to identify and address problems and highlight what went well.
Write a brief (1-2 page) report:

- Number of doses administered
- Number of paid staff, volunteers
- Dates and times of clinics
- Budget for clinic; include in-kind contribution from health department and other contributors
- Description of vaccinees (such as age range)
- Note any particular challenges, gaps, etc. This will help to make adjustments for future clinics.

Finance & Administration

Contact Information

See Appendix 18 for state and local contacts.

Memorandum Of Understanding (MOU)

Sample Moue's are included in appendix 11. Although having an MOU in place prior to the use of a local facility for large-scale public vaccination is not required, some communities prefer to have this arranged in advance.

Costs & Reimbursements

An avian flu pandemic is assumed to be a large-scale public health emergency and as such federal reimbursement for costs incurred may be available. This will need to be clarified as the pandemic approaches and communities mobilize to respond. Local planners will be responsible for recording expenses. The state will provide expense tracking forms if reimbursement is being considered.

Legal Documents & Authority

See Appendix 3. Additional legal notice or documents will be provided by the state as needed.

Appendix 17: Mass Medication Distribution Planning Guide

(Anthrax Example)

Training Course Materials
National Pharmacy Response Team
National Disaster Medical System

Prepared by
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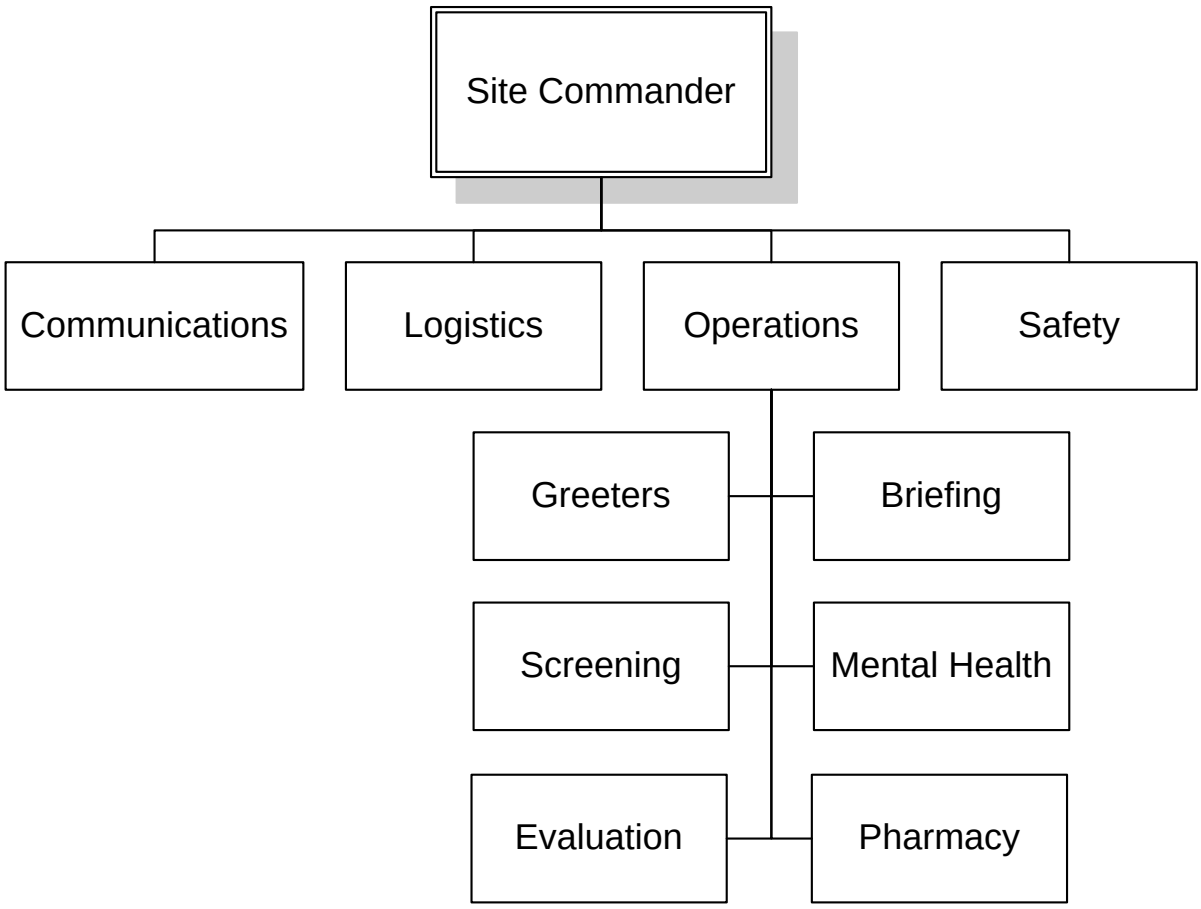
Incident Management Structure For Mass Medication Distribution



Supply Checklist

Tables
Chairs
Water
Cups
Paper
Pens
Highlighters
Rubber Bands
Tape
Clipboards
File boxes
Telephones
Fax machines
Photocopy machine
Computer
Printers
Internet access
Paper towels
Facial tissues
Garbage containers
Trash bags
ID badges for staff
Colored vests
List of emergency phone numbers
Large screen televisions
Video cassette recorders
Orientation videos
Cleaning supplies (mop, bucket, etc.)
Refrigerator
Latex-free gloves
Antibacterial hand washing solution
Gauze
Adhesive Tape
Spray bottle of bleach solution
Partition curtains
Poster board for signs
Stanchions
Code kit with defribillator
Blood pressure cuffs

Information for Persons Who May Have Been Exposed to

Anthrax (*Bacillus anthracis)*

What is Anthrax?

- **Anthrax is an infectious disease caused by the bacteria called *Bacillus anthracis,* which is capable of forming spores.**
- **Anthrax infection can occur in three forms: cutaneous (skin), inhalation (lung), and gastrointestinal (stomach and intestines)**
- **If people have intentionally been exposed, as in a bioterrorist release, breathing in the spores is the most likely route of exposure that might lead to a serious infection (inhalation anthrax)**

    - **Cutaneous (skin) infection, the most common form of the disease, occurs when the spores come in contact with an area of skin that is broken, such as a cut or a sore. An itchy, boil-like lesion that eventually forms an ulcer with a black center marks cutaneous anthrax. The cutaneous form responds very well to antibiotics if treatment is started soon after symptoms appear.**

    - **Inhalational (lung) infection is much less common. Inhalation (lung) anthrax occurs when a large number of spores of a certain size are inhaled into the lungs. Inhalational anthrax begins early on as "viral-like" illness characterized by fever, muscle aches, fatigue, and cough. It may progress to more serious symptoms including shortness of breath, respiratory (lung) failure, meningitis (infection of the spinal fluid), or death. It is important that patients with inhalational anthrax be treated with antibiotics and intensive care in a hospital.**

    - **Gastrointestinal (stomach and intestines) anthrax is rare. The gastrointestinal form may begin with abdominal (stomach pain) and bloody diarrhea. Patients with gastrointestinal / anthrax should receive antibiotics and intensive care in a hospital.**

Frequently Asked Questions

Is anthrax contagious from person to person?

Inhalation (lung) anthrax and gastrointestinal (stomach and intestines) anthrax (caused by ingesting spores or bacteria) is not spread from person to person. Even if you develop symptoms of inhalation anthrax or gastrointestinal anthrax, you are not contagious to other persons, regardless of whether you are taking antibiotics or not. If you develop cutaneous (skin) anthrax, the drainage from an open sore presents an extremely low risk of infection to others. Anthrax is *not* spread from person to person by casual contact or by coughing and sneezing.

How will I know if I was exposed to the germ?

It will depend on how the germ is released, where it was released, and where you were in relation to the release site. The further away you were from the release site the less likely it will be that you were exposed. As part of the investigation about the current situation, you will be provided with additional information to help determine your likelihood of exposure.

How soon will symptoms develop (incubation period)?

Symptoms may start from 1-6 days after exposure to the germ. Since the germ can live for a long time in the environment, symptoms may not start for up to 60 days after the germ was released into the air.

What are the symptoms of infection?

If the germ invades your lungs you will have a fever, possibly a non-productive cough and severe shortness of breathe. If the skin is contaminated an itchy, black spot with swelling may appear. If the germ is eaten you may develop a stomachache, vomiting, and diarrhea that may be bloody.

How is the infection treated?

If you have the infection your health care provider (doctor) will give you antibiotics.

How is the infection prevented?

If the local or state health officer determines that you were exposed to the germ, you will be offered an antibiotic. Even if you take the antibiotic you may develop the infection. If you develop symptoms such as fever or shortness of breath while you are taking the antibiotic, you should go to the nearest emergency service center or hospital immediately.

How long should I take the antibiotic?

You may have to take the antibiotic for a long period of time (up to 60 days). The local or state health officer will make frequent announcements to give you the most current information.

What should I do if I don't have symptoms?

If you do not have symptoms of the infection you should continue with your routine daily activities. You should still watch for the following symptoms for at least 7-10 days:

- **Fever (temperature greater than 100^{o}F)**
- **Flu-like symptoms (cough, fatigue, muscle aches), nausea, vomiting, or diarrhea**
- **A sore, especially on your face, arms, or hands**

Contact your doctor and either your local public health department or your State department of health <u>immediately</u> if you develop any of these symptoms and tell them that you were potentially exposed to anthrax spores.

How can I get more information?

The local health department will make frequent announcements about who should receive the antibiotic, how to take the antibiotic, and where you can obtain the antibiotic. It is important that you listen to the radio or television for more information.

Patient Information: Ciprofloxacin 500 MG Tablet

This drug belongs to a class of drugs called quinolone antibiotics. You have been given this drug for protection against possible exposure to infection-causing bacteria. This drug prevents: **Anthrax**

You have been provided a limited supply of medicine. Public health officials will inform you if you need more medicine after you finish this supply. If so, you will be told how to get more medicine. You will be told if no more medicine is needed. You may also be switched from this medicine to a different medicine based on laboratory tests. Since the disease associated with anthrax can develop quickly and be life threatening, it is very important that you complete the full course of therapy recommended by public health officials.

DOSING INSTRUCTIONS: **Take one tablet by mouth, two times a day unless otherwise prescribed.**

- You will be provided special dosing instructions for children.
- Keep taking your medicine, even if you feel okay, unless your doctor tells you to stop. If you stop taking this medicine too soon, you may become ill.
- You should take this medicine with a full glass of water. Drink several glasses of water each day while you are taking this medicine. It is best to take this medicine 2 hours after a meal. If it upsets your stomach, you may take it with food, but do not take it with dairy products such as milk, yogurt, or cheese.
- If you miss a dose, take the missed dose as soon as possible. If it is almost time for your next regular dose, wait until then to take your medicine, and skip the missed dose. Do not take two doses at the same time.
- This medication has been prescribed for your current condition only. Do not use it later for another infection or give it to someone else.

WARNINGS:

- Do not take this medicine if you have had an allergic reaction to ciprofloxacin or other quinolone medicines such as gatafloxacin (Tequin®), levofloxacin (Levaquin®), norfloxacin (Noroxin®), ofloxacin (Floxin®) or nalidixic acid (NegGram®).
- If you have epilepsy or kidney disease, or if you are pregnant, become pregnant, or are breastfeeding, notify emergency healthcare workers before you start taking this medicine.
- Until information is obtained about which drug is most effective against anthrax, medical experts from the Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists, recommend children and pregnant and breast-feeding women receive ciprofloxacin to prevent the life-threatening complications of anthrax. If you are currently breast-feeding and have concerns about exposing your baby to ciprofloxacin, you may consider discarding the breast milk until you have finished the medication.
- This medicine may make you dizzy or lightheaded. Avoid driving or using machinery until you know how it will affect you.
- This medicine increases the chance of sunburn; avoid prolonged exposure to sunlight or tanning equipment. If you have to be in the sun, make sure to use sunscreen (SPF 15 or greater) to protect your skin.

ADVERSE REACTIONS: Stop taking ciprofloxacin and call your doctor or seek medical attention right away by visiting an emergency room if you are having any of these side effects: rash or hives; swelling of face, throat, or lips; shortness of breath or trouble breathing; seizures; or severe diarrhea.

SIDE EFFECTS: Rare side effects may occur that usually do not need medical attention. These side effects may go away while your body adjusts to the medicine. These side effects include nausea, mild

diarrhea, stomach pain, dizziness, and headache. If you experience diarrhea, consider adding yogurt or lactobacillus to your diet. A re-hydration solution such as Pedialyte® is helpful if you have severe diarrhea. Talk with your doctor if any of these side effects become bothersome.

FOOD INTERACTIONS: Avoid drinking more than one or two caffeinated beverages (coffee, tea, soft drinks) per day.[1,2] Avoid taking this medicine within 2 hours of dairy products containing large amounts of calcium such as milk, yogurt, or cheese. [1,2]

DRUG INTERACTIONS: Take the following drugs 2 hours after or 6 hours before ciprofloxacin:

Antacids (Maalox®, Mylanta®)[1,2]
Calcium supplements (Oscal®)[1]
Didanosine (Videx®)[1,2]
Iron supplements (Vitron-C®, Feosol®)[1,2]
Sucralfate (Carafate®)[1,2]
Vitamins with mineral supplements (Centrum®, Theragran-M®)
Zinc supplements[1,2]

Consult a health care professional within 3-5 days after starting ciprofloxacin for monitoring and possible dosage change if you are taking one of the following medications:

Cyclosporine (Neoral®)[2]
Foscarnet (Foscavir®)[2]
Fosphenytoin (Cerebyx®)[1,2]
Mexiletine (Mexitil®)[2]
Phenytoin (Dilantin®)[1,2]
Probenecid (Benemid®)[1]
Theophylline (Theo-Dur®)[1,2]
Warfarin (Coumadin®)[1,2]

You may experience more side effects from the following medications, when taken with ciprofloxacin. Please consult your health care professional.

Caffeine (Vivarin®)[1,2]
Clozapine (Clozaril®)[2]
Diazepam (Valium®)[2]
Glyburide (Diabeta®)[1]
Methadone (Dolophine®)[2]
Metoprolol (Lopressor®)[1,2]
Propranolol (Inderal®)[1]
Olanzapine (Zyprexa®)[1,2]
Ropinirole (Requip®)[1]

Oral corticosteroids such as cortisone, hydrocortisone, prednisolone, prednisone, methylprednisolone, triamcinolone, dexamethasone, betamethasone may increase your risk for tendon rupture. Use precaution when exercising and report any tendon pain or inflammation.[1]

Consult your doctor if you are taking any other antibiotic.

HERBAL INTERACTIONS: Do not take fennel or dandelion within 2 hours of taking ciprofloxacin. You may take them 2 hours after or 6 hours before ciprofloxacin.[1]

STORAGE:
Keep this medicine out of the reach of children.
Store away from heat and direct light.
Ciprofloxacin oral suspension may be refrigerated. However, keep this medicine from freezing.
Do not store this medicine in the bathroom, near the kitchen sink, or in other damp places. Heat or moisture may cause this medicine to not work.
Keep this medicine from freezing.

REFERENCES:
1. DRUG-REAX Interactive Drug Interactions; MICROMEDEX Healthcare Series, 2002.
2. Drug Interaction Facts; Facts and Comparisons, 2002.

Health Department Hotline: 800-555-5555

Patient Information: Doxycycline 100 MG Tablet

This drug belongs to a class of drugs called tetracycline antibiotics. You have been given this drug for protection against possible exposure to infection-causing bacteria. This drug prevents: **Anthrax**

You have been provided a limited supply of medicine. Public health officials will inform you if you need more medicine after you finish this supply. If so, upon your follow-up visit, you will be told how to get more medicine. You will be told if no more medicine is needed. You may also be switched from this medicine to a different medicine based on laboratory tests. Since the disease associated with anthrax can develop quickly and be life threatening, it is very important that you complete the full course of therapy recommended by public health officials.

DOSING INSTRUCTIONS: **Take one tablet by mouth, two times a day unless otherwise prescribed.**

- Keep taking your medicine, even if you feel okay, unless your healthcare provider tells you to stop. If you stop taking this medicine too soon, you may become ill.
- You may take your medicine with or without food or milk, but food or milk may help you avoid stomach upset.
- If you miss a dose, take the missed dose as soon as possible. If it is almost time for your next regular dose, wait until then to take your medicine, and skip the missed dose. Do not take two doses at the same time.
- This medication has been prescribed for your current condition only. Do not use it later for another infection or give it to someone else.

WARNINGS:

- Do not take this medicine if you have had an allergic reaction to any tetracycline antibiotics such as demeclocycline, doxycycline, minocycline, or oxytetracycline.
- If you have liver disease, or if you are or might be pregnant, or if you are breastfeeding, tell emergency healthcare workers before you start taking this medicine.
- This medicine increases the chance of sunburn; avoid prolonged exposure to sunlight or tanning equipment. If you have to be in the sun, make sure to use sunscreen (SPF 15 or greater) to protect your skin.
- Women may have vaginal yeast infections from taking this medicine. An over-the-counter vaginal, antifungal product will help this problem.

ADVERSE REACTIONS: Stop taking doxycycline and call your doctor or seek medical attention right away by visiting an emergency room if you are having any of these side effects: skin rash, hives, or itching; wheezing or trouble breathing; swelling of the face, lips, or throat.

SIDE EFFECTS: Rare side effects may occur that usually do not need medical attention. These side effects may go away while your body adjusts to the medicine. These side effects include diarrhea, upset stomach, nausea, sore mouth or throat, sensitivity to sunlight, or itching of the mouth or vagina lasting more than 2 days. If you experience diarrhea, consider adding yogurt or lactobacillus to your diet. A re-hydration solution such as Pedialyte® is helpful if you have severe diarrhea. Talk with your doctor if any of these side effects become bothersome.

DRUG INTERACTIONS:
The following medications and over-the-counter products should be taken three hours before or two hours after taking doxycycline:

Antacids (Maalox®, Mylanta®)[1,2]
Bismuth subsalicylate (Pepto-Bismol®)[1,2]
Calcium supplements (Oscal®)[1]
Choline and magnesium salicyclates combination (Trilisate®)
Cholestyramine (Questran®)
Colestipol (Colestid®)[2]
Iron supplements (Vitron-C®, Feosol®)[1,2]
Potassium Citrate (Urocit-K®)[2]
Magnesium-containing products (Mag-Ox®, Milk of Magnesia) [1,2]
Sodium bicarbonate (baking soda) [2]
Vitamin preparations that contain minerals (Centrum®, Theragran-M®)

Doxycycline may affect the following medications. Consult your doctor within 3-5 days if you are currently taking any of the following medications:

Digoxin (Lanoxin®)[2]
Dicumarol[1]
Insulin (Humulin®, Novolin®)[2]
Isotretinoin (Accutane®)[1]
Methoxyflurane (Penthrane®)[2]
Methotrexate[1,2]
Theophylline (Theo-Dur®)[2]
Warfarin (Coumadin®)[1,2]

Oral contraceptives (birth control pills) containing estrogen may not work properly if you take them while you are taking this medicine. Unplanned pregnancies may occur. You should use a different or additional means of birth control while you are taking this medication. If you have questions about this, consult your doctor or pharmacist.[1,2]

The following medications may decrease the amount of doxycycline in your body. Consult your doctor whether you need to receive a higher dose of doxycycline:

Carbamazepine (Tegretol®)[1,2]
Fosphenytoin (Cerebyx®)[1]
Phenobarbital[1,2]
Phenytoin (Dilantin®)[1,2]
Rifabutin (Mycobutin®)[2]
Rifampin (Rifadin®)[1,2]

Consult your doctor if you are taking any other antibiotic.

HERBAL INTERACTIONS: The herbal supplements, St John's wort and Dong quai, should be avoided when taking doxycycline.

STORAGE:
- Keep this medicine out of the reach of children.
- Store away from heat and direct light.
- Do not store this medicine in the bathroom, near the kitchen sink, or in other damp places.
- Heat or moisture may cause this medicine to not work.
- Keep this medicine from freezing.

REFERENCES:
1. DRUG-REAX Interactive Drug Interactions; *MICROMEDEX Healthcare Series*, 2002.
2. Drug Interaction Facts; *Facts and Comparisons*, 2002.

Health Department Hotline: 800-555-5555

Prescribing Orders For The Provision Of Antibiotic Prophylaxis Following Anthrax Exposure

Under direct guidance of the State Health Director, licensed nurses and pharmacists will implement the following protocol for any person that was in the [insert area of exposure] and [time frame].

1. Any person that recently developed any of the following symptoms of anthrax should be referred to a physician for medical care:

    - Symptoms of inhalational (breathed) anthrax include: malaise (general body discomfort), fever, difficulty breathing, cough, headache, nausea, vomiting, chills, weakness, abdominal pain, chest pain, profuse sweating, or rapid heartbeat.

    - Symptoms of cutaneous (skin) anthrax include: localized itching of the skin followed by a bump 1-3 cm in diameter that subsequently fills with fluid. Within 7-10 days, this bump turns into a black, painless ulcer.

    - Gastrointestinal anthrax symptoms include: fever, nausea, vomiting, malaise (general body discomfort), bloody diarrhea, and mouth and throat sores.

2. Any person that meets all of the following requirements and does not have any symptoms of anthrax in condition 1 above should receive doxycycline according to the attached Post-Exposure Prophylaxis Pre-Susceptibility Dispensing Algorithm:

    - Older than 9 years of age (or younger if person has a full-set of adult teeth)

    - Not pregnant or breast feeding

    - No allergies to tetracycline antibiotics

3. Any person that does not meet the requirements in condition 2 above, does not have an allergy to quinolone antibiotics, and does not have any symptoms of anthrax in condition 1 above should receive ciprofloxacin according to the attached Post-Exposure Prophylaxis Pre-Susceptibility Dispensing Algorithm.

4. Any person that does not meet the conditions above should be referred to a physician. Provide patient with Physician Referral Form.

5. Any person that is taking a medication that may interact with ciprofloxacin or doxycycline should be referred to their primary care provider. Provide patient with Notification to Patient's Primary Care Provider Form.

_____	_____	_____
Nurse/Pharmacist Printed Name	Signature	Date
_____	_____	_____
State Health Director	Signature	Date Approved

List of Licensed Nurses and Pharmacists at _____ Dispensing Site

#	NAME	TITLE	STATE / LICENSE #	SIGNATURE
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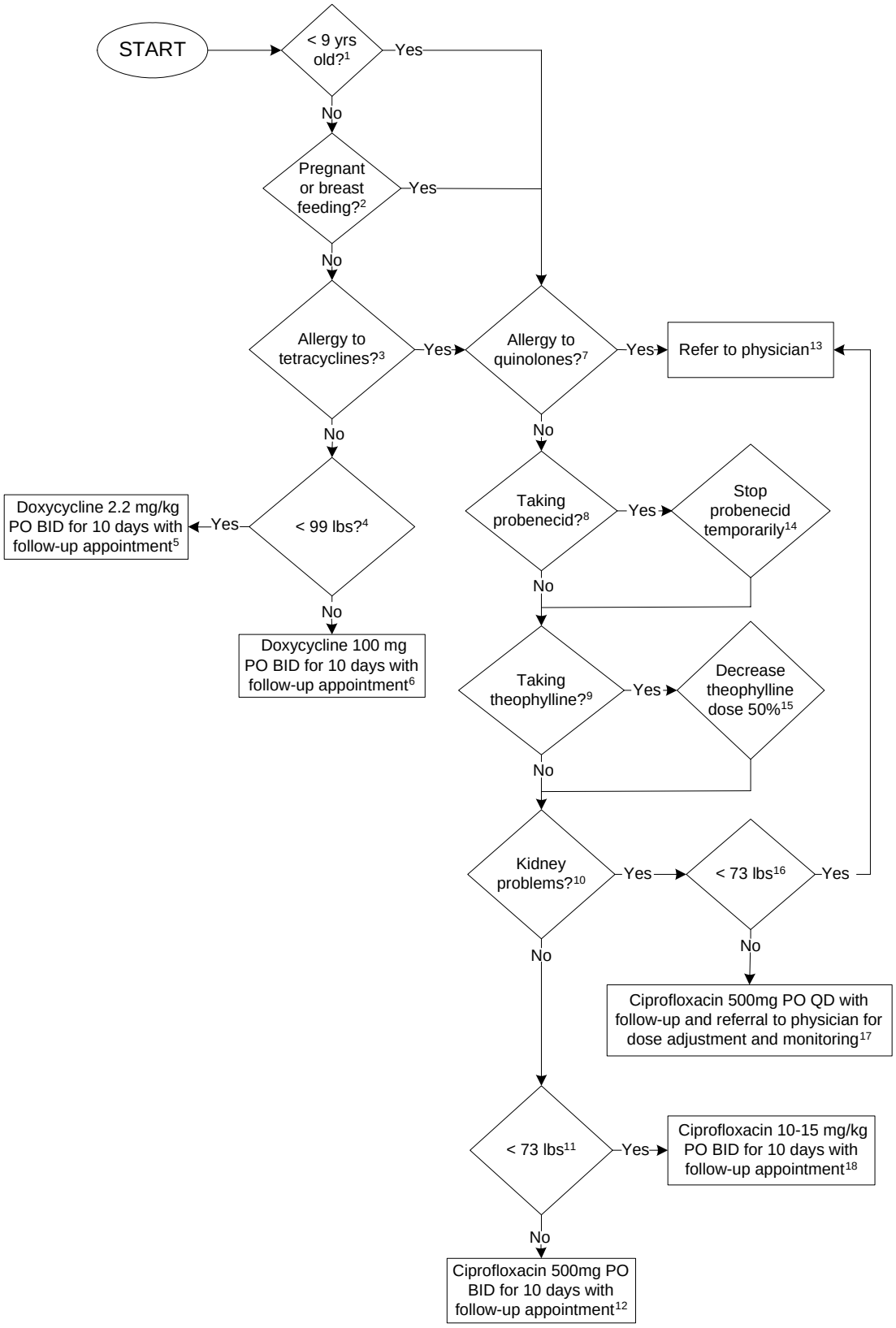
Post-Exposure Prophylaxis Pre-Susceptibility Dispensing Algorithm



Footnotes for Post-Exposure Prophylaxis Pre-Susceptibility Dispensing Algorithm

The attached flow diagram and following footnotes describe drug selection and dosing information for patients requiring post-exposure prophylaxis or preventative treatment after exposure to *Bacillus anthracis*, the bacteria that causes anthrax.

Reports have been published of engineered strains of tetracycline-resistant and quinolone-resistant *Bacillus anthracis*.[1,2] There is also a possibility for resistance to penicillins through induction of beta-lactamase enzymes. For these reasons, public health officials will test the antibiotic susceptibility of clinical specimens (blood, sputum, etc.), to determine drug selection. The most widely available, efficacious, and least toxic antibiotic will be dispensed for post-exposure prophylaxis based upon these susceptibility results.[1]

Until antibiotic susceptibility results of the implicated strain are available, initial therapy for post-exposure prophylaxis for prevention of anthrax after intentional exposure of *Bacillus anthracis* is doxycycline or ciprofloxacin.[3] Since doxycycline has a more favorable safety profile, it is the drug of choice for patients without an allergy to tetracycline antibiotics. Ciprofloxacin is an alternative agent.

Doxycycline and other tetracyclines are not normally recommended for children and pregnant women due to the risk of dental staining of the primary teeth, concerns about possible depressed bone growth, defective dental enamel, and rare liver toxicity. Therefore, children and pregnant and lactating women will not receive doxycycline.

Ciprofloxacin and other quinolones are not normally recommended in children and pregnant women due to the risk of arthropathy (joint disease).[1,4,5] This recommendation is based on studies in animals. Data in humans have not confirmed this risk. Therefore, children and pregnant and lactating women without an allergy to quinolones will receive ciprofloxacin according to this algorithm. The risks associated with the serious and life-threatening complications from anthrax outweigh any risks from taking ciprofloxacin.

The Centers for Disease Control and Prevention (CDC) recommends the use of ciprofloxacin or doxycycline as initial therapy in pregnant women, immunocompromised persons, and children for post-exposure prophylaxis for prevention of anthrax after intentional exposure of *Bacillus anthracis*. As soon as penicillin susceptibility is confirmed, prophylactic therapy for children and pregnant women should be changed to amoxicillin.[3] The American College of Obstetricians and Gynecologists' Committee on Obstetric Practice recommend the use of ciprofloxacin in pregnant or lactating women for post-exposure prophylaxis for prevention of anthrax after intentional exposure of *Bacillus anthracis*.[6]

This algorithm does not include the use of anthrax vaccine. At the time this algorithm was developed, anthrax vaccine for post-exposure prophylaxis was an investigational new drug. It is quite possible that once the release of anthrax has been confirmed the vaccine will be made available to the affected population.

All patients who have been potentially exposed should receive an initial course of drug therapy (e.g., 10 days). Public health officials will confirm the release of *Bacillus anthracis* and may advise people to return for follow-up in 7-10 days to obtain an additional supply (e.g., 50 days) of medication to complete a full course of therapy (e.g., 60 days). The initial course of 10 days is recommended based upon the normal twice a day regimen of ciprofloxacin and doxycycline and the availability of 20 tablets in unit-of-use containers from the National Pharmaceutical Stockpile Program. At the follow-up visit, susceptibility data will be available and drugs may be changed. If it is determined that the strain of *Bacillus anthracis* is susceptible to ciprofloxacin, doxycycline, and penicillin, then the "Post-Exposure Prophylaxis Post-Susceptibility Dispensing Algorithm" may be used to determine drug selection and dosing for the follow-up visit.

The following steps and numbered paragraphs support and correspond to the flow diagram entitled "Post-Exposure Prophylaxis Pre-Susceptibility Dispensing Algorithm".

1. Is the patient younger than 9 years (yrs)? Due to the risk of teeth discoloration associated with tetracyclines, children without a quinolone allergy, who have not received all of their permanent teeth, should be prescribed ciprofloxacin. Since the age at which a child obtains his/her permanent teeth varies, it is possible for children under the age of 9 years to receive doxycycline. The parent or guardian of the child should be asked whether the child has a full-set of permanent teeth.

2. If the patient is female, is she pregnant or breast-feeding? The American College of Obstetricians and Gynecologists Committee on Obstetric Practice recommend the use of ciprofloxacin in pregnant or lactating women for anthrax post-exposure prophylaxis.[6]

3. Has the patient had an allergic reaction to any medication in the tetracycline class?

   Allergic reactions may include: hives, redness of the skin, rash, difficulty breathing, or worsening of lupus after taking one of the following medications: demeclocycline (Declomycin); doxycycline (Adoxa, Bio-Tab, Doryx, Doxy, Monodox, Periostat, Vibra-Tabs, Vibramycin); minocycline (Arestin, Dynacin, Minocin, Vectrin); oxytetracycline (Terak, Terra-Cortril, Terramycin, Urobiotic-250); tetracycline (Achromycin V, Sumycin, Topicycline, Helidac).[7,8]

   Patients that are allergic to any medication in the tetracycline class should receive another form of therapy such as ciprofloxacin.

4. Does the patient weight less than 99 pounds (lbs) or 45 kilograms (kg)?

5. Patients less than 99 pounds (45 kilograms), should receive an initial supply (e.g., 10 days) of doxycycline 2.2 mg/kg (as described in the chart below) by mouth **TWICE** a day with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.[3] If doxycycline is unavailable, tetracycline 500 mg may be given by mouth 4 times a day.[1]

Weight (lbs)	Weight (kg)	Dose (mg)	Available Dosage Forms of Doxycycline				
			20mg tablet	50mg tablet or capsule	100mg tablet* or capsule	25mg/5mL suspension*	50mg/5mL syrup
5-10	2-5	10 mg PO BID				2 mL	1 mL
11-20	6-9	20 mg PO BID	1			4 mL	2 mL
21-30	10-14	30 mg PO BID				6 mL	3 mL
31-40	15-19	40 mg PO BID	2			8 mL	4 mL
41-50	20-22	50 mg PO BID		1	½ tablet	10 mL	5 mL
51-60	23-27	60 mg PO BID	3			12 mL	6 mL
61-70	28-32	70 mg PO BID				14 mL	7 mL
71-80	33-36	80 mg PO BID	4			16 mL	8 mL
81-90	37-41	90 mg PO BID				18 mL	9 mL
91-100	≥ 42	100 mg PO BID	5	2	1	20 mL	10 mL

*Dosage Forms available through the CDC National Pharmaceutical Stockpile Program

6. Patients greater than 99 pounds should receive an initial supply (e.g., 10 days) of doxycycline 100 mg by mouth **TWICE** a day with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.[3] If doxycycline is unavailable, tetracycline 500 mg may be given by mouth 4 times a day.[1]

7. Has the patient had an allergic reaction to any medication in the quinolone class?

   Allergic reactions may include: difficulty breathing, rash, itching, hives, yellowing of the eyes or skin, swelling of the face or neck, cardiovascular collapse, loss of consciousness, hepatic necrosis (death of liver cells), or eosinophilia (a rare skin disease) after taking one of the following medications: acrosoxacin or rosoxacin (Eradacil); cinoxacin (Cinobac); ciprofloxacin (Cipro, Ciloxan); gatafloxacin (Tequin); grepafloxacin (Raxar); levafloxacin (Levaquin, Quixin); lomefloxacin (Maxaquin); moxifloxacin (Avelox, ABC Pak); nadifloxacin (Acuatim); norfloxacin (Chibroxin, Noroxin); nalidixic acid (NegGram); ofloxacin (Floxin, Ocuflox); oxolinic acid; pefloxacin (Peflacine); rufloxacin; sparfloxacin (Zagam, Respipac); temafloxacin; trovafloxacin or alatrofloxacin (Trovan).[8]

   Patients that have had an allergic reaction to any medication in the quinolone class should be referred to a physician to receive another form of therapy.

8. Is the patient taking probenecid (Benemid)?
   Probenecid may decrease the renal excretion of ciprofloxacin, therefore increasing the risk of ciprofloxacin toxicity. Patients should be instructed to temporarily stop probenecid until they are evaluated by their primary care physician.

9. Is the patient taking theophylline (Elixophyllin, Quibron-T, Slo-BID, Slo-Phyllin, Theo-24, Theochron, Theo-Dur, T-Phyl, Uni-Dur, Uniphyl)?

   Ciprofloxacin may increase the theophylline levels by inhibiting hepatic metabolism and increase the risk of theophylline toxicity

10. Does the patient have known kidney (or renal) problems?

    Patients with kidney problems include those receiving dialysis, with known kidney failure (end-stage renal disease) or who have reduced kidney function. Patients who have chronic kidney infections or kidney stones do not need an adjusted dose, unless they have been told by a health care professional that they have kidney damage. Patients with kidney problems who weigh less than 73 pounds should be referred to a physician.

11. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)?

    Patients 73 pounds (33 kilograms) or greater should receive ciprofloxacin 500 mg by mouth **TWICE** a day for 10 days with a mandatory follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A full course of therapy (e.g., 60 days) is necessary for the full protective effect.[3] If ciprofloxacin is unavailable, one of the following regimens may be given: ofloxacin 400 mg by mouth twice a day, levofloxacin 500 mg by mouth once a day, gatifloxacin 400 mg by mouth once a day, or monifloxacin 400 mg by mouth once a day.[1]

12. Refer the patient to a physician for further assessment and drug selection. If a patient has had allergic reactions to drugs in the quinolone and tetracycline classes, other options for prophylactic (preventative) therapy include: amoxicillin/clavulanate, clindamycin, rifampin, imipenem, aminoglycosides, chloramphenicol, vancomycin, cefazolin, tetracycline, linezolid, or a macrolide (clarithromycin, erythromycin).[1,10] These other drugs are not approved by the Food and Drug Administration for preventative treatment of anthrax and require individual prescribing by a medical doctor or dispensing under an investigational new drug application.

13. Due to the interaction between probenecid and ciprofloxacin, probenecid should be temporarily stopped. The patient should be referred to their primary physician regarding when to restart probenecid and whether a dosage adjustment is necessary.

14. Due to the interaction between theophylline and ciprofloxacin, the dose of theophylline should be decreased by 50%. The patient should be referred to their primary physician regarding drug monitoring.

15. Does the patient weigh less than 73 pounds (lbs) or 33 kilograms (kg)? Patients less than 73 lbs should be referred to a physician for drug selection and monitoring.

16. Give patients 73 pounds (32 kilograms) or greater with kidney problems ciprofloxacin 500 mg by mouth **ONCE** a day and refer them to a physician for further assessment. Use the chart[11] below to determine the dose of ciprofloxacin required for patients with kidney problems when creatinine clearance is known or can be determined. Give all patients an initial supply of medication (e.g., 10 days supply) and schedule a follow-up appointment within 10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days is necessary for the full protective effect.[3]

Kidney Function	Ciprofloxacin Dose (milligrams=mg)
Creatinine Clearance >50 mL/min	500 mg every 12 hours
Creatinine Clearance = 30-50 mL/min	250 mg every 12 hours
Creatinine Clearance = 5-29 mL/min	250 mg every 18 hours
Hemodialysis	250 mg every 24 hours

17. Patients less than 73 pounds (33 kilograms) should receive an initial supply (e.g., 10 days) of ciprofloxacin 10-15 mg/kg (as described in the chart below) by mouth **TWICE** a day with a mandatory follow-up appointment in 7-10 days. At that time, information about the effectiveness of certain medications in preventing anthrax will be available and the drug may be changed. A minimum of 60 days of drug therapy is necessary for the full protective effect.[3] This chart purposefully reflects more than one dose for a particular weight to permit flexibility in dosing based upon the products that are available at the time of dispensing. These doses are within the recommended dosing range of ciprofloxacin 10-15 mg/kg.

Weight (pounds)	Weight (kilogram)	Dose (mg)	Available Dosage Forms of Ciprofloxacin				
			100mg tablet	250mg tablet	500mg tablet*	250mg/5mL suspension*	500mg/5mL suspension
7-12 lbs	3-5 kg	50 mg PO BID	½	¼		1 mL (1 bottle)	0.5 mL (1 bottle)
13-22 lbs	6-10 kg	100 mg PO BID	1			2 mL (1 bottle)	1 mL (1 bottle)
18-28 lbs	8-13 kg	125 mg PO BID		½	¼	2.5 mL (1 bottle)	1.25 mL (1 bottle)
22-33 lbs	10-15 kg	150 mg PO BID	1½			3 mL (1 bottle)	1.5 mL (1 bottle)
29-44 lbs	13-20 kg	200 mg PO BID	2			4 mL (1 bottle)	2 mL (1 bottle)
36-56 lbs	16-25 kg	250 mg PO BID		1	½	5 mL (1 bottle)	2.5 mL (1 bottle)
55-83 lbs	25-37 kg	375 mg PO BID		1½	¾	7.5 mL (2 bottles)	3.75 mL (1 bottle)
≥73 lbs	≥ 33 kg	500 mg PO BID		2	1	10 mL (2 bottles)	5 mL (1 bottle)

* Dosage Forms available through the CDC National Pharmaceutical Stockpile Program.

References:

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3. Update: investigation of anthrax associated with intentional exposure and interim public health guidelines, October 2001. *MMWR*. October 19, 2001;50(41);889-893.
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6. Management of asymptomatic pregnant or lactating women exposed to anthrax. ACOG Committee Opinion No. 268. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 202;99:366-368.
7. Vibramycin® Package Insert. NY, NY, Pfizer Inc. 11/01
8. Sweetman SC. Martindale, The Complete Drug Reference, 33rd Edition. Great Britain; Pharmaceutical Press. 2002.
9. Harrison's Principles of Internal Medicine, 14th Edition. USA; McGraw Hill Companies Inc. 1998.
10. Update: investigation of bioterrorism-related anthrax and interim guidelines for exposure management and antimicrobial therapy, October 2001. *MMWR*. October 26, 2001;50(42);909-919.
11. Drug Information Handbook, 8th Edition. Hudson, OH; Lexi-Comp. 2000-2001.

Tarosky MJ, Howarth SM; 11/27/02

Anthrax Post-Exposure Prophylaxis Case Report Form

Date: ____/____/_____ Time: _____ Dispensing Site: _____

ID#: _____ SSN ☐ Passport ☐ Driver License ☐ Other: _____

For Staff Use: Exposure Location: _____ Exposure Verified: Yes ☐ No ☐

SECTION 1: DEMOGRAPHICS (TO BE COMPLETED BY PATIENT)

Last Name: _____First Name: _____MI: __

Home Address: _____

Work Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Date of Birth: _____ Age: ____ Weight: ____(lbs) Gender: M ☐ or F ☐

Ethnicity: Asian ☐ Black ☐ Caucasian ☐ Hispanic/Latino ☐ Alaskan/Native American ☐

SECTION 2: MEDICAL HISTORY (TO BE COMPLETED BY PATIENT)

Recent Illness: Have you developed any of the following symptoms in the past few days?

Cough or shortness of breath	Yes ☐ No ☐	*New skin lesions*	Yes ☐ No ☐
Chest pain	Yes ☐ No ☐	*Nausea or vomiting*	Yes ☐ No ☐
Fever, chills, or muscle aches	Yes ☐ No ☐	*Bloody diarrhea*	Yes ☐ No ☐
Severe headaches	Yes ☐ No ☐	*Mouth or throat ulcers*	Yes ☐ No ☐

Do you have any drug allergies? Yes ☐ or No ☐ If yes, please list medications:_____

Have you ever had any of the following medical conditions?

Asthma or Emphysema	Yes ☐ No ☐	*Seizures*	Yes ☐ No ☐
Cancer	Yes ☐ No ☐	*Sickle Cell Disease*	Yes ☐ No ☐
Heart Disease	Yes ☐ No ☐	*Spleen Removal*	Yes ☐ No ☐
Hepatitis/Liver Disease	Yes ☐ No ☐	*Stomach/Throat Ulcers*	Yes ☐ No ☐
HIV/AIDS	Yes ☐ No ☐	*Stroke*	Yes ☐ No ☐
Organ Transplant	Yes ☐ No ☐	*Kidney Disease*	Yes ☐ No ☐

Are you presently taking any medications including over the counter medications or nutritional supplements? Yes ☐ No ☐ If yes, please list them: _____
_____
_____

TO BE COMPLETED BY FEMALES ONLY: Are you pregnant? Yes ☐ No ☐
Are you breast-feeding? Yes ☐ No ☐ Do you use birth control? Hormonal ☐ Other ☐

SECTION 3: INFORMED CONSENT (TO BE COMPLETED BY PATIENT)

"_____" (I) am seeking medication in accordance with current guidelines from the Centers for Disease Control and Prevention (CDC) and the state health department. I have received and read the information sheets about the disease and medication. I consent to the treatment prescribed.

_____ _____ _____
Signature (Self or Guardian) Date Witness (Printed Name/Signature)

SECTION 4: DISPENSING INFORMATION (TO BE COMPLETED BY PROVIDER)

Presciption #: _____ Lot# (optional): _____ Quantity: ____
☐ Ciprofloxacin 500 mg BID x 10 days OR _____ mg PO ____ D x ____ days
☐ Doxycycline 100 mg BID x 10 days OR _____ mg PO ____ D x ____ days
☐ No antibiotic dispensed (reason)_____

_____ _____ _____
Provider (Printed Name) Date Signature

Additional Information Given to Patient:
Anthrax Info ☐ Drug Info ☐ Physician Referral ☐ Primary Care Provider Notification ☐

SECTION 5: PATIENT DECLINES ANTIBIOTIC TREATMENT

The risk and benefit of the use of antibiotics for possible exposure to anthrax has been explained to me. I decline treatment at this time.

_____ _____
Patient Signature / Date Witness Signature / Date

Physician Referral Form

Date: ____/____/____

Patient Name: _____ DOB: ____/____/____

The above named patient was seen at a mass medication distribution site managed by the health department for a possible exposure to anthrax. He / she is being referred to a physician for evaluation of the following symptoms:

☐ Cough
☐ Shortness of Breath
☐ Chest pain or discomfort on inspiration
☐ Fever / Chills
☐ Muscle aches / Joint pain
☐ Other symptoms (specify) _____
☐ Severe headache / Meningeal signs
☐ New skin lesions
☐ Nausea and vomiting
☐ Bloody diarrhea
☐ Mouth or throat sore

The following prophylactic medication has been prescribed:

☐ Doxycycline 100 mg PO BID X 10 days

☐ Doxycycline 100 mg PO QD X 20 days

☐ Doxycycline _____ mg PO ___ D x ___ days

☐ Ciprofloxacin 500 mg PO BID X 10 days

☐ Ciprofloxacin 500 mg PO QD X 20 days

☐ Ciprofloxacin _____ mg PO ___ D x ___ days

☐ **No** antibiotic was prescribed.

If none prescribed:

☐ After evaluation, this patient should be started on a 10-day course of antibiotic prophylaxis and will be notified if there is reason to continue beyond that time.

☐ This patient does not require prophylaxis.

_____ _____ _____
Pharmacist Printed Name Signature Date

Health Department Hotline: 800-555-5555

Notification to Patient's Primary Care Provider Form

Date: ____/____/____ Patient Name: _____

Dear Primary Care Provider:

Because of a possible exposure to anthrax, your patient was seen at a mass prophylaxis point of distribution center on the above date. Following the completion of a brief medical history, a 10-day supply of one of the following antibiotics was prescribed and dispensed from the National Pharmaceutical Stockpile. If it is determined that your patient should receive antibiotics for longer than 10 days s/he will be notified and supplied with medication.

	Ciprofloxacin	Doxycycline
Adult Dose	500 mg PO BID	500 mg PO BID
Pediatric Dose	10-15 mg/kg PO BID	2.2 mg/kg PO BID
Other		

The following medications may interact with doxycycline; a dosage adjustment may be appropriate.

Carbamazepine (Tegretol®)[1,2]
Digoxin (Lanoxin®)[2]
Dicumarol[1]
Fosphenytoin (Cerebyx®)[1]
Insulin (Humulin®, Novolin®)[2]
Isotretinoin (Accutane®)[1]
Methoxyflurane (Penthrane®)[2]
Methotrexate[1,2]
Phenobarbital[1,2]
Phenytoin (Dilantin®)[1,2]
Rifabutin (Mycobutin®)[2]
Rifampin (Rifadin®)[1,2]
Theophylline (Theo-Dur®)[2]
Warfarin (Coumadin®)[1,2]

The following medications may interact with ciprofloxacin; a dosage adjustment may be appropriate.

Cyclosporine (Neoral®)[2]
Foscarnet (Foscavir®)[2]
Fosphenytoin (Cerebyx®)[1,2]
Mexiletine (Mexitil®)[2]
Phenytoin (Dilantin®)[1,2]
Probenecid (Benemid®)[1]
Theophylline (Theo-Dur®)[1,2]
Warfarin (Coumadin®)[1,2]

Ciprofloxacin dose may need to be adjusted in patients with compromised renal function.

Creatinine Clearance	Ciprofloxacin Dose
> 50 mL / min	500 MG PO Q12H
30-50 mL / min	250 MG PO Q12H
5-29 mL / min	250 MG PO Q18H
Hemodialysis	250 MG PO Q24H

Thank you for your help in this matter.

1. DRUG-REAX Interactive Drug Interactions; *MICROMEDEX Healthcare Series*, 2002.
2. Drug Interaction Facts; *Facts and Comparisons*, 2002.

Health Department Hotline: 800-555-5555

Task Cards

(Reproduce and display at each station)

Greeters (Exposure Triage)

- ❑ Greet persons entering site: "Hello, if you were in [insert exposed area] over the past [insert time frame], please check 'Yes' after 'Exposure Verified' on the Case Report Form and proceed into the briefing area."

Medical Screening (Symptomatic Triage)

- ❑ Greet person and ask to see their Case Report Form.
- ❑ Confirm that the first part of Section 2 of the Case Report Form is complete. For any person who checks any of the 'Yes' boxes regarding symptoms, their Physician Referral Form should be completed and they should be directed to medical evaluation.
- ❑ Make sure Case Report Form is signed in section 3 and provide witness signature if needed.
- ❑ Direct people to wait in line until a pharmacist in the dispensing area is free.
- ❑ When a pharmacist raises their hand they may proceed to that desk to receive medication.
- ❑ Anyone that has signed section 5 should be directed to exit.

Pharmacists (Dispensing and Abbreviated Counseling)

- ❑ Raise hand and signal next patient to come to station.
- ❑ Greet patient and ask to see their Case Report Form.
- ❑ Dispense medication according to treatment algorithm based upon information on Case Report Form and patient questioning.
- ❑ Check box in Section 4 of Case Report Form representing medication dispensed.
- ❑ Print, sign, and date Case Report Form in Section 4.
- ❑ Ensure that patient has Anthrax and Drug Information sheets and check corresponding box.
- ❑ Instruct patient how to take medication.
- ❑ Refer patient to appropriate Drug Information sheet for any pertinent drug interactions based upon disease or medications listed in Section 2. Medications listed on both Case Report Form and Drug Information sheet can be highlighted.
    - o Any person taking medication listed in drug interaction section of drug information sheet should receive completed Notification to Patient's Primary Care Provider Form.
    - o Any person receiving ciprofloxacin with compromised renal function should receive completed Notification to Patient's Primary Care Provider Form.
- ❑ Answer any additional medication questions.
- ❑ Direct patient to exit.

Form Collectors (Exit)

- ❑ Collect patient Case Report Form and medication dispensed
- ❑ Hand stamp patient's wrist

Appendix 18: Contact List

Agency	Phone Number
DPHS Director	271-4501
DPHS State Epidemiologist	271-4476
DPHS Immunization Program	271-4482
DPHS Public Information Office	271-4822
DPHS Public Health Network Coordinator	271-5149
DOS/BEM	271-2231 or 1-800-852-3792
BioTerrism Preparedness Planner	271-2231
Response Clinic Coordinator	271-2231
Volunteer Coordinator	271-2231
Strategic National Stockpile (SNS) Coord.	271-2231
Bioterrorism Program Planner	271-2231
Disaster Behavioral Health Coordinator	271-2231